V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (11200)
1. PLACE OF DEATH	82-0
County allegang	Registration Dist. No. / /
The state of the s	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
1	yis
2. FULL NAME Samuel H Ulbrigh	<i>7</i>
(a) Residence: No. Clease In any and (Usual Pace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J. albright	22. I HEREBY CERTIFY, That I ettended decessed from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, end yeer)	I last sew have alive on Feb 5 , 1932, deeth is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, at 2111 form. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trada profession or perticular	were as follows: Date of onset December Angl: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
O Date deceased last worked at this occupation (month and yeer)	
12. BtRTHPLACE (city or town) Coc (State or country)	Other Coutributory Causes of importance:
# 13. NAME Bustian albright	
13. NAME (Bustian Albright 14. BIRTHPLACE (city or town) Pa (State or country)	Neme of operation Date of
15. MAIDEN NAME Sent Know	23. If deeth wes dua to externel ceuses (VIOL ENCE) fill in elso tha following:
15. MAIDEN NAME denet know 16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide?
17. INFORMANT John & albright (Addrass) Elleric mediland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Contest till Dete Fib 8 , 1932	Menner of Injury
19. UNDERTAKER Jamis Stein Inc. (Address) Des Services of Marie	24. Wes disease or injury In eny wey related to occupetion of daceesed? MC
20. FILED. 2/8/ , 1932 - Flag & Warf & Resistrar.	(Signed) Dailey Hanter, M. D. (Address) Thather ton It
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
BURRANTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

<	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	r RECOR Y. PHY Exact s	
NDING	RMANENT X A C T L classified.	
FOR BI	IS A PE stated E properly	7-7-7
MARGIN RESERVED FOR BINDING	INK_THIS should be it may be	7 6 7
RGIN RE	VFADING blied. AGE rms, so that	
MA	with Ultrefully supplied in plain tel	
	PLAINLY, nould be ca OF DEATH	
	RITE ion sh	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County allegary	Registration Dist. No. 12
Village or City Mats'mal	NDSt.,War
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
0 . 1 011.	1400
(a) Residence: No. 21/0 odland	St Ward.
(d) Residence. No. (Usual place of abode)	1f nonresident give eily or lown and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4. 14 1932
50 If married, widowed or divorced	(Month) (Day) (Yaar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. O HEREBY CERTIFY, That I attended deceased fro
Square Consider	i last saw h 1 alive on 2011/3 4 1932; death is sa
6. DATE OF BIRTH (month, day, and year) May 4 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4m.
67 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Date or ons
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as StLK Mttl. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	Sarroma meck progra
Work was done, as StLK MtLL Jause work	a cot time and the same
	primary seat Owkor
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Andrew Reed 14. BIRTHPLACE (city or town) Unbrown (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME White	23. If death was dua to external causes (VIOLENCE) fill in atso the following:
15. MAIDEN NAME The beautiful of the bea	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	Specky whether injury occurred in thousand, in home, or introducto reads.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place allegange to tell, No. 1932	Nature of Injury
19. UNDERTAKER M. Eichhorn	24. Was disease or injury in any way related to occupation of decaasad?
(Address) Longerming med	If so, specify
20. FILED Jeb. 15, 1932 R. Stake	(Signed) M. (Address) Wiskland M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BULLET V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. / 3 ds. How long in U.S. it of foreign birth? 50 yrs. PHYSICIANS Longth of residence in city or town where death occurred 2. FULL NAME RECORD. If nonresident give city or town and State (Usua blace of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Yeer) BINDING 5a. If married, widowed, or divorced HUSBAND of makel.

(or) WIFE of That I attended deceased from 6. DATE OF BIRTH (month day, and year) (Ab 7. AGE Days proper Months If LESS than to have occurred on the date steted above, at / Q 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes 50 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc. may bluods 11. Total time (years) on 10. Date deceased last worked et this occupation (month and spent in this oscupation year) instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTH LACE (city or town) (State or country) carefully What test confirmed diagnosis? OTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? 16. BIRTHPLACE (city er town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pinous OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE Nature of injury. NOIL 24. Was disease or injury in env way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

H	STATE OF MARYLAND	CERTIFICATE OF DEATH 01203
	1. PLACE OF DEATH	(50) UNITS
	County Meligany.	LIN CORPORATE LIMITS Registration Dist. No.
	Village or City from Surland MITH	No. 1/4 Carried St., Ward
	(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1	2. FULL NAME Ida - Blan	
	(a) Residence: No. 219 Carrel	St. / Ward.
-	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR TOVORCED (write the word)	21. DATE OF DEATH Quel 16 - 193 2 (Yoar)
5:	a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	DATE OF RIPTH (worth to see the see of the	I last saw h.c. alive on Yes 1 b 1982 death is said
	DATE OF BIRTH (month, day, and year) AGE Years Months Deys If LESS than	to have occurred on the date stated above, at f = 7 m.
certifi	62 1 I I I I I I I I I I I I I I I I I I	The PRINCIPAL CAUSE OF DEATH and related causes of importance
50	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER BODKKEFERE etc.	Cancer of Breast 1997
n back	3 Industry or business in which work was done, as SILK MfLL, SAW MILL, BANK, etc	
0 0	Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
instructions	2. BIRTHPLACE (city or town) Maryland (State or count)	Dither Contributory Causes of Importance:
instru	13. NAME George Banks	
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation
important.	15. MAIDEN NAME Dong Change	23. If death was due to external causes (VIOLENCE) fill In also the following:
ports	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
	7. INFORMANT W. Y. Beals of The	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S	8. BURIAL CREMATION OR REMOVALY Da Date 7 et 19-, 19 3 &	Manner of Injury
LION	9. UNDERTAKER RAMINER	Neture of Injury 24. Wes disease or injury in any way related to occupation of deceased?
-	(Address) Remoderal Mg.	If so, specify
2	O. FILED Yeb. 18, 1932 Hawly Hilles Registrar.	(Signed) , 4 Down M. D. (Address) Commercial M. J.
Bolizza	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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)	NT RECORD	LY. PHYS	l. Exact sta	
MARGIN RESERVED FOR BINDING	PERMANE	EXACT	rly classified	- +
VED FOR	THIS IS A	ild be stated	ay be prope	0:1
N RESER	DING INK-	AGE shou	so that it m	
MARGI	ITH UNFAI	Illy supplied.	plain terms,	
	LAINLY, W	uld be carefu	DEATH in	- T
1	WRITE P	mation shot	CAUSE OF	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01204
1. PLACE OF DEATH	(3)
County alloyans	Registration Dist. No.
Village or City - The Albert	No. St., Ward
Village of City - If Man Man January (1	f death occurred in a hospital or justifution, give its NAME instead of street and number)
Length of residence In city or town whore death occurredyrs,mo	ds. How long in U.S. if of foreign birtb?yrsmosds
2. FULL NAME Custon Calo 13	da
(a) Residence: No. 10 2 Muchle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male That S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That hettendad deceased from
Dusa, Inda	June 193/10 / et 3 ,1932
DATE OF BIRTH (month, day, and year) Tely 3 - 1871	last saw have aliva on Feet 3, 1932 death is sai
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1-307-m.
6/ ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows: Date of onse
8. Trade, profassion, or particular hind of work done as SPINNER	Aufrerlession ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Mehone nepleutio
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
s. I rade, profession, or particular, sawyer, Bookkeeper, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation.	
10 4	Other Contributory Causes of importanca:
(2. BIRTHPLACE (city or town) & asplona (State or country)	
13. NAME 1 Terrola Bed	
13. NAME Terrela But 13.de	Name of operation
(State of country)	What tost confirmed diagnosis? Len Funding Was there an autopsy 200
15. MAIDEN NAME Whole Meet	23. If death was due to extarnol causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, f9
(Stata ar country)	Where did injury occur?
17. INFORMANT Susa Bala (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place charget Com Data Deling 5, 1932	Nature of injury
19. UNDERTAKER 4. Dunst	24. Was diseaso or injury in any way related to occupation of deceased?
20, FILED 5 1932 A TOTAL ONE	(Signed) WIME FAME A. M.

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Other contributory causes of importance:		Other contributory causes of harportence:	
Ustones	Moy 1,1923	Gostroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Village or Ci (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? vrs. mos. ds. statement PHYSICIAN 2. FULL NAME (a) Residence: No. RECORD If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4 COLOR OR RACE 3. SEX OR DIVORCED (write the word) Chula MICA (Month) (Day) (Year) classified 5a, If married, widowed, or divorced HUSBAND of I HEREBY 22. CERTIF That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were es follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. OCCUPATION RESERVED may Industry or business in which back pluods work was done, es SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked et 11. Total time (years) this occupation (month and spant in this that occupation ___ year) _____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was there an eutopsy?____ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIDLENCE) fill in also the following: in DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?____. (Specify eity or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE nation Nature of injury. TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAK 3 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	iten	sh	Jo	
	ery	NS	ent	
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	ORD	HYS	t st	
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NO.	MA	KA	lass	
MARGIN RESERVED FOR BINDING	PER	田	ly c	ate.
OR	V	ated	oper	tific
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EL	LHI	d be	y be	k of
ERY	K	houl	ma	bac
ES]	Z	H	at it	s on
K R	ING	AG	e th	tion
GIA	AD	ied.	18, S	truc
AR	IND	lddr	tern	ins
Z	E	y SI	lain	Sec
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	LY,	car	TH	oorts
	AIN	l be	EA	imi
	PL	onlo)F I	very
6	E	n sł	SE (l is
1	WR	natio	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
No.	B.—	-	0	=
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state		

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01206
1. PLACE OF DEATH	(201-e)
County Willy grany	Registration Dist. No. O
Village or City & fanactoring	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henry Francis (B)	www
(a) Residence: No. Lakaconing.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Phale Afrite OR DIVORCED (revise the word)	FN 23 1932
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Febr. 28, 1874	I last saw halive on19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 12/3P_m.
57 // 23 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Coal mone accident
	Saiffreated by fall of coal
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
11. Total time (years) this occupation (month and year)	
Maniland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — ** LUCY LAW (State or country) 7	-
13. NAME Lacyle Brown	
14. BIRTHP(ACE (city or town) Lemmany	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Jy-
15. MAIDEN NAME Delena Hofbell 16. BIRTHPLACE (city or town) - Lernangrup (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Hersurapry (State or country)	Accident, suicide, or homicide? accident Date of Injury tet 23, 1932 Where did Injury occur? Linaunung allyany Er. Ind
(han Elana Sichtans	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Coal mus
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury Fall Outal
Place Las All Smilling Date Plh 26, 193d	Nature of Injury Suffichity
19. UNDERTAKER The Conclusion	24. Was disease or injury in any way related to occupation of deceased?
(Address) Language, that	If so, specify Liptons Add bad I and an
20. FILED FIR. 74, 193 2, Von Johnson	(Signed) Hung Pr. 1 trags. M. D. (Address) Lower property and
If more blanks are needed address State Registrar	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1992			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County allegan	THIN CORPORATE LIMITS Registration Dist. No. St., Ward
Village or City P. Car Van J. M.	THIN CORPORT MESISTRATION DISC, NO. St., Ward
Village or City Leighber Rand W	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Seman Pa	nickleur
(a) Residence: No. 948 Solution (a) Residence: No. 948 Solution (a) Solution (a) Residence (a) Resid	St., 6 - Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 _ I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jarale m Osborn	77 1922 to 728 /6 1982
6. DATE OF BIRTH (month, day, end year) about 1862	I last sew han alive on Tet 14 1992; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at//P_m.
about 77	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Frade profession or particular PA	Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	(Ku Endocardeles 1125
9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation spent in this	
a suprime of the same of the s	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) VO State or country)	The Only hephandi 1829
13. NAME ? Duckless	100000000000000000000000000000000000000
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State or country)	What test confirmed diagnosis Chinacol Was there an autopsy a
15. MAIDEN NAME LEAST TO	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mus Jarale Bucklew (Address) 9 4 8 your Starter	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Q 9	Manner of Injury
Place M. I temanteme Dete tel 19,7932	Nature of injury
19 UNDERTAKER Truis Stair Fuc	24. Wes disease or Injury in any way related to occupation of deceased?
(Addiess) Camberland and	If so, specify
20, FILED Jeb. 18, 19 3 21. Haway H. Weis	(Signed) M. D
Registrar.	(Addiess) Carberland May
If more blanks are nobded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TALK VOLUME STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
DING	IANENT REC	ACTLY. P	ssified. Exac
MARGIN RESERVED FOR BINDING	IS IS A PERM	e stated EX	e properly cla
RESERVEI	G INK-THI	GE should b	that it may b
MARGIN	H UNFADIN	y supplied. A	ain terms, so
	AINLY, WIT	ld be carefull	DEATH in pl
F	WRITE PI	mation shou	CAUSE OF

STATE OF 1. PLACE OF DEATH County ALLEGANY Village or City CUNBERLAND,	WITHIN CORPO	Registration Dist. No. Registration Dist. No. HASPITAL death occurred in a horpital or institution, give its NAME instead of street ar	6 Ward
Length of residence In city or town where death oc		6ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME EDNA BURRE (a) Residence: No. KITAMILLE	LL	St. Ward. Kits meller	md.
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
FEMALE WHITE M	GLE, MARRIED, WIDOWED, DIVORCED (write the word) ARRIED	21. DATE OF DEATH FEBRUARY I 1932 (Month) (Dey)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRITZ HUGH B	URRELL	22. I HEREBY CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, end year) JULY 7. AGE Years Months 27	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at I; QQ nA · M · The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were 34 follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	USE WIFE	Ghronie Hert Lit	
year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) MARYLAN (State or country)	D	Julianous Julies em	la como
13. NAME WILL, LAM SHANK 14. BIRTHPLACE (city or town) MARYL (State or country)	AND	Name of operation	
	SH	Whet test confirmed diagnosis?	
15. MAIDEN NAME JESSIE WELL 16. BIRTHPLACE (city or town)MARYLAN (Stete or country)	D	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
17. INFORMANT MEMORIAL HOSPI (Address) CUMBERLAND, MD	TAL	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	PLACE,
18. BURIAL, CREMATION, DR REMDVAL Place Date Date	Freb. 3 193:	Menner of injuryNature of injury	
19. UNDERTAKER OLLY OF SINGLE (Address)	apless.	24. Wes disease or injury in any wey related to occupation of deceased? If so, specify	3
20, FILED 1 26. 1, 1932, Har	ver H. Weis Registrar.	(Signed) THE CARREST CONTRACTOR OF THE CARRE	Q XXX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
County Ollegany WITHIN CORPS	Registration Dist. No.
Village or City we law (No. 31	St.: Ward) (If death occurred in
2FULL NAME Stillborn C	henowith the hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Rel 2 1 , 193 2 (Month) (Day) (Year)
6 DATE OF BIRTH PICK 21 932	The 2 1922 to class 2 1927
(Month) (Day) (Year)	that I last saw halive on, 192s
7 AGE [If LESS than	and that death occured on the date stated above, at
Stillborn I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.)	Afill
(a) Trade, profession or particular kind of work	20 aurou-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duratian) yrs ds.
9 BIRTHPLACE (State or country) Cumberloud md	Secondary
FATHER Charles W. Chenowith	(Signed) I Duration) yrs. mos. ds. (Signed) I Drivakia M. D. Bet 2/1927 (Address) auberland, mg
OF FATHER (State or country) Cumberland, and	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother fle and may I rause	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Cumberland and	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Info mant) Therles W, Chenowith	Former or usual residence
(Address) Cumberland mo	Cremated F.L.21, 1932
15 Filed Feb. 21 1932. Harry H. Weistrai	By the family.
If more blanke are needed, addross State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

61208

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Sernant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munager," "Teal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e. g.. Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, 10 For many occupations a single word or term on M.8). At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grovery;

Statement of Cause of Death—Name, first, the public in the Causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croun"), spinal meningitis (avoid us

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Conva," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepais, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mon-Examples: Accidental drowning; Struck by railway trein-Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. valvular heart The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe dath is essential and must be obtained before the certificate is permanently filed.

MAR 4 193

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	SCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR '7 1932	July 5, 1927	Peritonitis	3 days ago
	BUPEAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

IION is very important. See instructions on back of certificate.

mation

V. S. No.

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	210
1. PLACE OF DEATH	(11-02)	
County allegany	Registration Dist. No.	2
Village or City Intelland	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	dean occurred the hopker of medicals, give birth?mo	
2. FULL NAME Porter Spusi	tu.	
(a) Residence: No. Anidland	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH	
3. SEX 4. COLOR OR RAFE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of	22. 1 HEREBY CERTIFY. That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) Saw. 24 1889	Hast saw h wim alive on Det. 17th, 1932	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1: 45A-m.	
42 2 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, Coal Janiner SAWYER, BOOKKEEPER, etc.	Luftuerys	7ch. 9-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necunation (month and spant in this		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of importance:	8 days.
# 13. NAME Jairis Couster		
13. NAME Jarra Couster 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Grandana Fragueter	23. If death was due to external causes (VIOLENCE) fill in also the following	
[16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Mrs. Cotter Custer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Conster Country Date 1 el, 21, 1932	Nature of injury	
19. UNDERTAKER M. Eichhorn	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Longconney and	If so, specify	
20, FILED Jeb 18, 1932 R. of Steken	(Signed) M. Mederment	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAS A Logo	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Deetz

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

MOTHER

very important.

state infor-

of OCCUPApluods

1. PLACE	OF DEATH		1001	CERTIFICATE OF DEATH Registration Dist. No.	11211
Village or Length of ro	Allegeny City Cumberls esidence in city or town where	end. Md	,,	No. Route 2 —St, death occurred in a horpital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?yrs.	
(a) Resid	ence: No. Gumberl	and Md	Route 2	St., Ward. If nonresident give city or town a	nd State
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Femal	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
(or) WIFE or	William.Da	etz ov 16.1	349		ed deceased from 19 5 2
	fears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at	Datastanee
kind o	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc			acterioschair	1929
a lindustry o	or business in which was done, es SILK MILL, WILL, BANK, etc	+ Hon	ie		
O 10. Date dece	eased last worked at ccupation (month and	spai	ime (years) nt in this upetion	AT 100	
12. BIRTHPLACE	(city or town)	md.		Other Cantributory Causes of importance:	1929
a 13. NAME		nerly		V	
	ACE (city or town)	<u>.</u>		Name of operation. Name of operation. Date of What heet confirmed diagnosis?	n sutoney? Ac

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Registrar.

What test confirmed diegnosis?

Where did injury occur?

Manner of injury

If so, specify (Signed)

Accident, suicide, or homicide?_____

23, If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Specify city of town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforsation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

	S	TATE C	F MAR	YLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEA			200	71010
	County	Allegan	7	······································	ORPORATE LIMITS Registration Dist. No.
	Village or City	amber Tai	10. 110		No. All any Hospital St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In c	ity or town where o	deeth occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2.	FULL NAME	Angeli	ina. De	mael	D: 0 0 1. 10
	(a) Residence: No.	Ridge			St, Ward. Madgelly, W. V
	PERSONAL AN	ID STATIST	(Usual place		If nonresident give city or toy in and State MEDICAL CERTIFICATE OF DEATH
3. SE	X 4. COLO	OR OR RACE	5. SINGLE, MA	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH 42 2 193 2
5a. If	married, widowed, or div HUSBAND of (or) WIFE of	orced			22. HEREBY CERTIFY, Thet i attended deceased from
6 DA	ATE OF BIRTH (month, da	av end year)	1ct 28	.1930	I last saw h L alive on July 2 1932; death is said
7. AG		Months	Days	If LESS than	to have occurred on the date stated above, at 3m.
	1	3	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N N	8. Trade, profession, or particle kind of work done SAWYER, BOOKKE	particular , as SPINNER,			my and time cheet sight
ATIC	9. Industry or business i	n which		*************************	Shander - Mathemat
	9. Industry or business i work was done, as SAW MILL, BANK,				re let port
O	O. Date deceesed last we this occupation (myear)	onth and	11. Total	time (yeers) cent in this cupation	,
1/2		Wyra		Suputon	Other Contributory Gauses of Importance:
12. B	BIRTHPLACE (city or town (State or country))			
ER.	13. NAME	squale.	Demael		
FATHER	14. BIRTHPLACE (city or (State or country)	town)Its	<u>ly</u>		Name of operation Date of
HER-	15. MAIDEN NAME C	anela.Al	llarana		23. If death was due to external causes (VIDLENCE) fill in also the following:
	16. BIRTHPLACE (city or (State or country)		ltaly		Accident, suicide, or homicide? AMMUM Date of Injury Jun 27, 7532 Where did Injury occur? A KMMU in V V 4 (Specify city or town, county and State)
17. I	NFORMANT Pa	squale.	Demael		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR	70 6	Date Po	b.3.32 ₁₉	Menner of injury Gulled Awaris frost water and My Nature of injury Grans —
19. [INDERTAKER	olin.C.Wo	olford		24. Was disease or injury In eny way related to occupation of deceased?
	(Address)	Cumberl	nd. Md	1145	If so, specify And Park It is a
20. F	41, 16.3	37	TO AAR	RT (A) or	(Signed) M. I

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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P	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	WIN 4 1002	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	s of importance:		Other contributory causes of importance;	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE O	STATE C	OF MARY	LAND-	Registration Dist. No. No. MEMURIAL HUSPITAL death occurred in a horpital or institution, give its NAME instead of street and 41 ds. How long in U.S. if of foreign birth? yrs	213
Village or C	ity. CUMBERÍAI	VD. MD. Y	MITHIN GOT	No. MEMUKIAL HUSFITAL, death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of resi	idence in city or town where	death occurred	yrsmos	4.1 ds. How long in U.S. if of foreign birth?	10sds.
	ME MK. HAR	(Usual place of		St., Ward. Mr. Keessey	x Pa
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF BEATH	
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIOR DIVORCED MARRII	(write the word)	21. DATE OF DEATH L'EBRUARY (Month) (Day)	_, 1932 (Year)
5a. If married, widov HUSBAND of (or) WIFE of	ved, or divorcad HELEN	WKIGHT,		22./ I HEREBY CERTIFY, Thet I ettended	
6. DATE OF BIRTH	(month, day, and year)	NOV. 11	1887.	I last saw he alive on 700 10 1933	
7. AGE Yes	H Months	Days	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 1949/18:	Datgolonsat
SAWYER 9. Industry or	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which s dona, as SILK MILL, LL, BANK, atc	STEEL WU	KKER	Pen Cardelis	/20-32
	LL, BANK, atced last worked at application (month and	11. Total times spant occup	ne (yeers) tin this pation		
12. BIRTHPLACE (c) (Stata or cou		AND,		Other Contributory Causes of importance:	19,6-31
13. NAME	JOHN DOMAN				
(State o	E (city or town)r country) WE	ST VIRGI	NIA	Name of operation Date of What test confirmed diagnosis: Was there an	autopsy
15. MAIDEN NA	AME MOLLIE	STUMP,		23. If death was due to external causes (VIOLENCE) fill In also the following	ng:
	E (city or town) r country) WEST	VIRGINI	A	Accident, suicida, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Sta	
(Addrass)	MEMORIAL HO CUMBERLAN			Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	
18. BURIAL, CREMA	TION, OR REMOVAL	a Date Feb	14, 19.32	Manner of injury	
19. UNDERTAKER _= (Address)	Louis &	land I	Tud	24. Was disease or injury in any way related to occupation of decaased?	ho
20. FILED TE	-12 19 32.	Jarrey	H-Wen Registrar.	(Address) Cumbuland	hud.
	If more	blanks are needed a	dress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	/

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2013					
				P 40 18	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Antoniogalomogic	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Land Company of the Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 61215
1. PLACE OF DEATH	
County allegany	Registration Dist. No. 12
Village or City The Convert Miles	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Catherine C. Ha	zenbaker
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the wood)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced	(NOTIO) (DOS) (TOTAL)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) May 24, 1930	I last saw h As alive on Let 10th, 1932, death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:05A.m.
/	the talket AL CASE OF BEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Diffuerya & Croup (chase Date of onset
SAWYER, BOOKKEEPER, etc.	- Kb10.32
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Orangland	Other Coutributory Causes of importance: acute meningilis
13. NAME Ydensy Farenbaker	
14. BIRTHPLACE (city or town) f Onangland	Name of operation Date of
I IS. MAIDEN NAME Searthy Buttaneces	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Mary Garage	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Mrs Henry Fazeybake (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Eld Ceney Curilly Date Feb 13, 1932	Manner of Injury
19. UNDERTAKER III. Eighburn, (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Feb. 12, 1932 R.J. Staken. Registrar.	(Signed) M. J. Corrust M. D. (Address) Willrud Manyland
4 Acgirun	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUBBAUV. E.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ya mari	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 ycar

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	30
County allegany.	Registration Dist. No. 4
Village or City Control WIT	HINNO 336 Green St. 1 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
11/0/81:4	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME to parles I overge	e Frage
(a) Residence: No. 936 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
11'1 2 1 12 11	19.52.10 (19.52.10)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
10 0 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera as follows:
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	12 bontes 2006
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
work was dona, as SILK MILL, SAW MILL, BANK, etc	-
L10. Date deceased last worked at this occupation (month and year) occupation (coupation coupation coupati	
[1 d	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(T
13. NAME Hilliam Frage.	5 501010
14. BIRTHPLACE (city or town)	Nama of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Conserved Sincer	23. If death was due to external causes (VtOLENCE) fill in also the following:
15. MAIDEN NAME Sign 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Ins mount trans	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or the PUBLIC PLACE.
(Address) burnhuland.	
18. BURIAL CREMATION, OR REMOVAL Curd Date Felt 9 1933	Manner of injury
U . It-' . 9	Nature of injury
19. UNDERTAKER AND SHOWN THE (Address)	24. Was disease on thijury in any way related to occupation of deceased?
Feb a 22 His 3111	If so, specify (Signed)
20. FILED 1	(Address) Cever lerland
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1932 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County. Allegary Village or City. Longth of residence in city or flow where death occurred. Longth of residence. No. National HWY (a) Residence. No. National HWY (a) Residence. No. National HWY (b) (a) Residence. No. National HWY (b) PERSONAL AND STATISTICAL PARTICULARS S. SEX. 4. COLOR OR RACE No. ON INVOKED Cert the words ON INVOKED Cert the words ON INVOKED Cert the word of conviction of the city or town and Store MILES AND ON WIFE of SHIPMAN (month, day, and year) PERSONAL AND STATISTICAL PARTICULARS S. SEX. 4. COLOR OR RACE No. No. No. No. No. No. No. No		S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH	61217
County Village or City Lage or City Lage or City Lage or City at the County Village or City Lage or City or town where death occurred. YIS. mos. dideath occurred in shoppial or institutions, give its NAME instead of street and number) As How long in U. S. If of foreign birth? YIS. Residence: No. National. HWY Str. Wast PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARKED, WIDNEY OR BUNDARMO WITE or Control William or C	1. PLAC	E OF DEA	TH			Ontoino o. (108)	, ,
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME Lottle-L.FISHell (2) Residence: No. National: HWY (Usualpiace of about) FERSONAL AND STATISTICAL PARTICULARS 3. SEX 2. COLOR OR RACE S. SINGLE, MARRIED, MUDOVED, OR DIVORCED (write the world) St. II married, widowed, or divorced HUSBAND of Active Type of Active Type of Active Type of City or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. HER EBY CERTIFY, That I altepded deceased from (no) will of or min. 3. Trade, profession, or particular No. 11. Total line (years) Sayari in this compation of the date stated above, at the sayari in this compation of the date stated above, at the compation of the date stated	Count	v	Allega	any	0 2	City Limits Registration Dist. No.	4-
(If death occurred in a hospital or institutions, give in NAME instead of attest and number) (If death occurred in a hospital or institutions, give in NAME instead of attest and number) (It death occurred in a hospital or institutions, give in NAME instead of attest and number) (It death occurred in a hospital or institutions, give in NAME instead of attest and number) (It death occurred in a hospital or institutions, give in NAME instead of attest and number) (It death occurred in a hospital or institutions, give in NAME instead of attest and number) (It death occurred in the whole in U.S. if of foreign birth). (It death occurred in the whole in U.S. if of foreign birth). (It death occurred in U.S. if of the occurred in U.S. if			La.Vale,	near Ci	moder	No. National HWY	St. Ward
2. FULL NAME (a) Residence: No. National. HWY (busispace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female No BUVOKED Graft he word) 5. SINCLE MARKED, WIDOWED, OR BUVOKED Graft he word) 5. Hill married, widowed, or divored. W. F1shell 7. AGE Female North Days 11 LESS than or min. 11 22 1 1494		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				death occurred in a hospital or institution, give its NAME instead of stre	
(a) Residence: No. National HWY (b) Residence: No. National HWY (c) Residence: No. National HWY (d) Residence: No. National HWY (e) PERSONAL AND STATISTICAL PARTICULARS (e) Color of Race (e) Color of Race (f) National HWY (Length	of residence in c				ds. How long in U.S. if of foreign birth?yrs	mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE FORMAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE FORMAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE FORMAL AND STATISTICAL PARTICULARS 5. SINCIE, MARKED, WIDOWED, OR DIVORCED (certic the word) AND	2. FULL	NAME		7 (746)			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX FORMAL (COLOR OR RACE S. SINGLE, MARKED, WIDOWED) OR DIVORCED (servic the word) 5a. If married, widowed, or divorced HUBBAND of Aller (F. Fighell) 5a. If married, widowed, or divorced HUBBAND of Aller (F. Fighell) 5a. If married, widowed, or divorced HUBBAND of Aller (F. Fighell) 5b. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 11 22 439 14 185S than 130 14 185S than 14 24 15 1932 16 death is said to to have occurred on the date stated above, at 1. 45 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were at subject. North was done, as SPINNER, SAVER, BOOKKEEPER, etc. 10. Date decemed last worked at stated above, at 1. 45 mm. Salted or country) 11. Infolitime (reary) 12. BIRTHPLACE (city or town). (State or country) 13. NAME Don't Know 14. BIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. MAIDEN NAME Don't Know 16. BIRTHPLACE (city or town). 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place John C. World ord Address) 19. UNDETTAKER John C. World ord (Signed) Manner of injury in any way related to occupation of decessed? 19. UNDETTAKER John C. World ord (Signed) MEDICAL CERTIFICATE OF DEATH 22. DATE OF DEATH 19. John C. World ord (Komth) (Komth) (Komth) (Komth) 19. John C. World ord (Komth) 19. John C. World ord (John C. World ord (Komth) 24. John C. World ord (Komth) 25. John C. World ord (Komth) 26. DATE OF DEATH 27. INFORMANT (Komth) 19. John C. World ord (Komth) 28. World ord ord ord ord ord ord ord ord ord or	(a) R	esidence: No	Nationa				our and State
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DAVORED Certic the world) 3. If married, widowed, or divorced W. Fishell 4. DATE OF DEATH S. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	PER	SONAL AN	ND STATIST				
S. II married, widowed, os diverted thusband of the properties of							
58. If married, widowed, or divorced with the property of the	Fen	nale	White	OR DIVORCED	(nerite the word)	Feb. 16.193	2 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 11 22 11 I LESS than 11 day,	5a. If married	, widowed, or div	rorced	2-77		(Month) (Day)	(rear)
TAGE Years Months Days If LESS than 1 1 2 1 1 1 1 1 1 1	(or) WIF	E of	er Fils	Buell		22. THEREBY CERTIFY That I at	tended deceased from
TAGE Years Months Days If LESS than Iday				rob 24	1000	190 - 10	1992
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as I blows: Note			ay, and year)			11.45Am	9. death is said
Strade, profession, or particular Name of particular Name of operation Name of	7. AGE	Tears		22			00
9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED PLACE (Signed) 11. Total time (years) spant in this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) Name of operation. Name of operation. Name of operation. What test confirmed diagnosis: What test confirmed diagnosis: Accident, suicide, or homicide? Date of injury. Nature of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) MM. D.	107.4			100	ormin,	were as follows:	Date of onset
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Town of ceupation 10. Other Contributary Causes of Importation 11. INFORMANT (State or country) 11. Mame of operation 12. What test confirmed diagnosis? 13. If death was due to external causes (VIOLENCE) fill in also the following: 15. Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERT	9. Indus	stry or business I	In which				
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Figh 19. Advery 10. Figh 19. Advery 11. Top 19. Advery 12. BIRTHPLACE (city or town) 13. NAME 14. Manuer of injury 15. Maiden NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UN	S S S						
Other Contributory Causes of Importance of I		his occupation (m	onth and	span	t in this		
13. NAME Don't Know	1 y	ear)			pation	Other Contributary Causes of Importanton	9/10/100
13. NAME Don't Know 14. BIRTHPLACE (city or town) (State or country) Don't Know What test confirmed diagnosis? ** Confirm			1)	I U		mocaldius	414/32
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mame of operation What test confirmed diagnosis? Was diagnosis? What test confirmed diagnosis? Was diagnosis? What test confirmed diagnosis? Was diag	1		Dont. F	ไม่กพ			
What test confirmed diagnosis? Was there an autopsy? (AD 15. MAIDEN NAME Don't Arrow 16. BIRTHPLACE (city or town) 10. 11. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED TOR (Specify city or town, county and State) 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed)	王 13. 14.					none	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. MAIDEN NAME Don't Arrow 10. Mainer 20. FILED TO A	14, BIRT					8/	are or autonay? Mo
16. BIRTHPLACE (city or town) 11° 11° (State or country) 17. INFORMANT Admer. Fishell (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Fab. 18 1932 Place Jill. Crest Date Fab. 18 1932 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. Filed Tight Company Tand. Man (Signed) 11. Crest Company Tand. Man (Signed) 12. Was disease or Injury in any way related to occupation of deceased? Man (Signed) 11. Crest Company Tand. Man (Signed) 12. Was disease or Injury in any way related to occupation of deceased? Man (Signed) 13. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 14. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)	≥ I5. MAID			WOIL			
17. INFORMANT Adner . V. Fishell (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Feb. 18 1932 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED T. A	Ξ		11.	11.			
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place IIII. Crest Late Feb. 18 1932 19. UNDERTAKER (Address) 20. FILED Teb. 1, 1932. Harvey Muless (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUS	O 16. BIRT						
18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED T. St		Adn		shell		(Specify city or town, county	and State)
Place Date Feb. 18 19 32 Nature of injury 19. UNDERTAKER (Address) Oumber Pand. Md 19. UNDERTAKER (Address) Oumber Pand. Md (Address) Oumber Pand. Md (Signed) (Signed) Outper Pand. Mo (Signed) Outper Pand. Mo (M. D.		1	.Vales				
19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed)	18. BURIAL, (CREMATION, OR	REMOVAL PO	m. III	70 7070	Manner of injury	*******
19. UNDERTAKER (Address) 24. Was disease of injury in any way related to occupation of deceased? If so, specify (Signed) (Signed)	Place		Crest C	Date	. 10 -19 22	Nature of injury	
20. FILED TO S. 17, 1932. Harvey Hillers (Signed) WR Hedges A. M. D.	19 UNDERTA			lford		24. Was disease or Injury in any way related to occupation of decea	sed? No
20. FILED V. CR. 1 19 8 00 Mad			cunber.	rand. Ma		If so, specify	
	20. FILED	ef. []	1932. 4	tarvey.	Here.	(Signed) WY Trouble	1 A. JM. D.
			,	1	Registrar.	(Address) Cumbfilan	7, 7,44

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C E C	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR	July 5,1927	Peritonitis	3 days ago
RUENAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT RECORD WITE PLAINLY, N. B.-

MARGIN RESERVED FOR BINDING

V. S. No. 1

n .	01218
PLACE OF DEATH	STATE OF MARYLAND
County Allegacy	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Jehluean (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAVE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH #66 124, 1232	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. mos. ds. or min.	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds.
9 BIRTHPLACE (State or country) Zehleren Med	Contributory Secondary (Durstion) yrs mos de.
10 NAME OF FATHER LEVIS S. Deary	(Signed) M. D.
OF FATHER Z (State or country) alleguery	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME alice Kennedy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Allegacy	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/22 182/1/10 MC Cane Registrat	20 UNDERTAKER, ADDRESS ADDRESS
if more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the Recommendations on statement of cause of death felanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Example: Measles (disease Measles;

It this certificate is looked over thoroughly and all questions adswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

•		

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) TELIMITS
County allegan	AIN CORPORATE LIMITS Registration Dist. No. 4
Village or City Commenter and	No. alliann Hospist 4 war
	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Sullow grab	enslein
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
ie. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY. That Lattended deceased from
	Tob 6 ,1932,10 1-66 ,192)
6. DATE OF BIRTH (month, day, and year) #1 6 32	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate of onsel
SAWYER, BOOKKEEPER, etc.	Cerebral hemmana
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and year) occupation	
0	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	211 28 0 0
13. NAME Themand Q. Analeti.	
- The state of the state of	Suren unjung
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME (Many greens)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Only greens 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of county)	Where did injury occur? (Specify city or town, county and State)
7. INFORMAUT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OB REMOVAL	Manage of Injury.
Place to letter + lambo before 7/6 1937	Manner of injury
9 . 1. 19 . 1	
19. UN OERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
7 1 / 22 11 22 12 1	(Signed) Was I Julius M.
20. FILEO P. St D., 19. 2 L. 1 Tawley T. Weistar.	(Signed) (Address) 122 Backford 1
76 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2411 N. Charles Street Ralimore Requestion 7) S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

N.S. W.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) U1221
County Gllegamy	Registration Dist. No.
Village or City Culterland	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Michael John	Triffing
(a) Residence: No. 713 1 colfinal (Usual photo abode)	St., 4 Wald. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAÇE 5. ŞINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male of Divorced furite the word)	(Month) 2 (Dat) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Margaret Lubbers	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIBTH (month day and year) 2017 7 8-1843	last saw h. Who elive on Jely 27 193 - death is said
6. DATE OF BIRTH (month, day, and year) 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	to have occurred on the date stated above, at 3
8	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were es follows:
sawyer, BOOKKEEPER, etc. Merchant	Chronic myocardite?
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired	00.
10. Date deceased last worked at this occupation (month and year)	Con Contraction repends
700	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or county)	
0 0	Zmany
E	
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Pyrous Was there an autopsy? M
E 15. MAIDEN NAME TO ALL TO 5 Home	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mary me Hom 16. BIRTHPLACE (city er town) - Treland	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT C. M. Thirty St-City (Address) 223 13 allered St-City	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Enscoole mills, fa Date Tel- 19-, 1932	Nature of injury
19. UNDERTAKER on Stein Sure (Address) Cumberland, Md.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Feb. 27, 1932. Harvey H. Wesstrar.	(Signed) husle R. Wehart M.D. (Address) 36 9 reene St.
	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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100	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
1915	Attack of epilepsy	
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. Nort

STATE OF MARYLAND-	CERTIFICATE OF DEATH	222
1. PLACE OF DEATH	(BI)	
County Alleghly	Registration Dist. No.	
Village or City Cumbelland WIT	HIN COM	Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in att) or townswhere death occurredyrsmos	ds. How long in U.S. if of foreign blrth?yrsm	os ds.
2. FULL NAME JOHN MICHER	Madra	
(a) Residence (Nd. 335 Mt Value) (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7	
male Whate OR DIVORCED (write the word)	(Month) (Day)	, 193
5a. H married, widowed as dispreed	(month) (Day)	(Year)
HUSBAND of Telegabeth Itadia	22. I HEREBY CERTIFY, That I attended	deceased from
1024181814	1937, 10 Tab	., 195 .
6. DATE OF BIRTH (month, day, and year) US 19 186 Z	Trast saw internal and on the order	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
09 2 26 ormin.	were as follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER. av Inspectar	Alland Warmahow.	20.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and		2941
SAW MILL, BANK, etc	(instal	
year) occupation 23	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Carlomouth	f 100 A	- 34c
(State or country)	(Marcis 18 ng 0 6 10 mg	
13. NAME Ceduard Hadra 14. BIRTHPLACE (city or town) Gorman		
14. BIRTHPLACE (city or town)	Name of operation Data of	
(Stata or country)	What test confirmed diagnosis? Was thera an	au!opsy?
15. MAIDEN NAME Many Shulls 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	Where did injury occur? (Specify eity or town, county and Sta	te)
17. INFORMANT JV. J. Nama	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) (Addre	Manuar of injury.	
Place Those Hill Certain they //, 1932	Manner of injury	
95 Butlens	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER A STANDER AND MACHINE (Address) Cambuland Md.	If so, specify	
7 1 1 22 Have HILE	(Signed) Had I Had	/M. D.
20. FILED TO LOS PREGISTRAT.	(Address) Secret French Meg	/
If more blanks are needed, address State Revistrar	2411 N. Charles Street Baltimore Requesting 7) S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63223
1. PLACE OF DEATH	
County allegan	Registration Dist. No. 9
Village or City Hostours and.	ND. 84 Broadway St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6.7 yrsmos.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ulysses & Harry	ue
(a) Residence: No. 840 Broadway.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Wary Willeams Hanna.	22. HEREBY CERTIFY. That I attended deceased from
0. 21400 1819	Hast saw har alive on Feb 13 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 137 m.
1 a 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Dete of onset
SAWYER, BDOKKEEPER, atc.	Na posto Total
9. Industry or business in which	The Merchant
work was done, as SILK MILL, of Orphans Court	• //
10. Data deceased last worked at this occupation (month and spent in this	
year) Jel 1932 occupation 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Zılılınan	Office Contributory Courts of Importance.
(State or country) aldegany County	
13. NAME James J. Hanne.	
14. BIRTHPLACE (city or town) and Fully Control of Cont	Name of operation Date of
(State or country) allegand Country	What test confirmed diagnosis Chin Fundar gas there an autopsy?
15. MAIDEN NAME & Orgalette William	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME & Color of town 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide? Date of Injury, 19
State or country) Colors	Where did injury occur?
17. INFORMANT Margaret Farma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 84 (Brandway.	
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place allegan Cem Date Jat 11, 1932	Nature of injury
19. UNDERTAKER Jacol Haler	24. Was disease or injury in any way related to occupation of deceased?
(Address) 9/13 rost being) Ind	If so, specify
20, FILED 17, 1932 NOM Jan	(Signed) M.D. M.D.
20. FILED Registrar.	(Address) Lost hung Ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II The principal cause of death and related causes Date of onso of importance were as follows:		
The principal cause of importance were as	of death and related causes follows:	Date of onset			
Arteriosclerosis	1100 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAUT	July 5, 1927	Peritonitis	3 days ago	
	and some villages of the	140.			
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

-	or.	ate	A-	
	inf	st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	m of	onlo	000	
	ite	20	jo	
	very	ANS	nent	
	D. E	SICI	aten	
	ORI	HX	t st	
	REC	Д.	Exac	
r la	LL	LY.		
ING	NE	CI	ified	
ND	MA	VY	class	
BI	PEF	M	ly o	ate.
OR	Y S	ated	oper	tific
F	SIS	e st	e pr	f cer
MARGIN RESERVED FOR BINDING	THI	d b	y b	k o
ER	K	houl	ma a	bac
ES]	IN	ES	at in	s on
R	ING	AG	e th	tion
GID	AD	ied.	18, S	truc
AR	UNI	ilqqı	term	ins
N	H	y St	ain	See
	WI	efull	in p	ınt.
	LY,	car	TH	orta
	NIN	l be	EA	imi
	PL	ould)F I	very
	TE	n sh	SE C	TION is very important. See instructions on back of certificate.
1	THE STATE OF	atio	AUS	NOI
No.	3.	m	S	H
V. S. No.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Mlignny.	Registration Dist. No.
Village or City Connected & WITHIN	CORPUTA 2 / Hambur St L- 3 Ward
3/	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city of Swn where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Gouse Harmes	on
(a) Residence: No. 32 Humberth	St., 6-3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OP DIVORCED (write the word)	21. DATE OF DEATH Feb. 18 1972
Smale mule morned	(Month) (Day) (Yaar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. \ I HEREBY CERTIFY That I attanded deceased from
(II) WILL I LONG Narmon	Jun 14 193210 7eb-18 1932
6. DATE OF BIRTH (month, day, and year)	i last saw h alive on Rec. 18, 1937; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
73 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which	menic Dang 3 Day
HOIN HOS COME, OS SIEN MILE.	
SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and spent in this securation from the second in th	
this occupation (month and spant in this year) occupation	
Ch.i.	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) 7 (State or country)	Chrocei Bright 74
	17.
E JOSEPH JOSEPH JOSEPH	News
14. BIRTHPLACE (city of flown) (State or country)	Name of operation Data of
A	What test confirmed diagnosis? Was there an autopsy?
H	23. If death was due to axternal causas (VIOLENCE) fill in also tha following:
State or country)	Accident, suicida, or homicide? Date of injury, 19,
51-0-171-	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Addrass)	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Hillarish Grabate All 21, 19 32	Natura of injury
4 . 11. 19.0	
19. UNDERTAKER AND Sum one	24. Was diseasa or injury in any way related to occupation of daceased?
Feb 20 32 1 121	(Signed) (Signed) M.D.
20. FILED 1 19 2 1 Taway Tillas	(Address) fremb To my
	2411 N. Charles Street. Baltimore. Requesting 7) S. No.

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Example I		Example II		
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Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage MAR 4 1932	July 5, 1927	Peritonitis	3 days ago	
TETAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N, B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61225
1. PLACE OF DEATH	93.0
County Allegary. UUIS	Registration Dist. No.
Village or City Is Computand City	in Thion give
Length of residence in city or town where death occurredyrs,mos.	de. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Conorn Olaymond	Hartsock
(a) Residence: No. Units gate	
Sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 19 1884	1 last saw here alive on sub 2 5 1957 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 12 more
47 5 7. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of werk done, as SPINNER,	The flexing a still s
kind of werk done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Just of Justine States
SAW MILL, BANK, etc.	-11
10. Date deceased last worked at this occupation (month and year)	
dr. al	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(provie myocardelis Oct -31!
13. NAME Melvin Hartwell	
13. NAME Melvin Hartwell 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city ar town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
3- 7 11- + 11	(Specify city or town, county and State)
17. INFORMAN ASS May May Marie Porton Porton	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Platellerent Children Ogte Tel 28, 1930	Natura of injury
19. UNDERTAKER fruis Sleve due	24. Was disease or injury in any way related to occupation of deceased?
20. FILED P. Co. 28, 1932, Downett	(Signod) A. M. Crevastes M. D.
If more blank as n	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arterioselerosis	1915	Attock of epilepsy	1 week ago	
Chronie interstitial nephritis RUBRAU V.	5. 1921	Run over by street ear	1 week ogo	
Corebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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SIAIL OF MARYLAND—	Registration Dist. No. St.,	226
County allegans	Registration Dist. No.	
Village or City Colds and WITHIN	No. St.,	Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a nospital of lastitution, give as IN-Livie instead of street an	d number)
2. FULL NAME Carres & Terbie	&.	
(a) Residence: No. 1319 replanish	St., 4 Ward.	
(Qual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 (Month) (Day)	, 193. 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, I hat bettapped	d decorated from
HUSBAND of Islaclys Walker	Jan (1932 7 7 2 22	1932
S. DATE OF BIRTH (month, day, end Par) Oct 15 18 9	7 I les sow h im elive on 76, 21 19.3	2 death Is seid
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, and 200 A .m.	
32 4 7 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	. W Date of orest
8. Trade, profession, or particular	Palmonay would	1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
work was done, es SILK MILL, Relail Gullo		
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupetion (month-end yeer) 11. Totel time (yeers) spant in this occupetion	,	
yeer) og:upetion og:upetion	Other Contributory Causes of Apportance:	
12. BIRTHPLACE (city or town)	acidous	1935
(Stete or country)		
13. NAME Cours Therbird 14. BIRTHPLACE (city or town)	0.000	
14. BIRTHPLACE (city or town)	Name of operation Date of	de
	What test confirmed diegnosis? Wes tiffere a	
	23. If deeth was due to external causes (VtOLENCE) fill in also the follow Accident, suicide, or homicide?	
16. BIRTHPLACE (city er town) (State or country)	Where did injury occur?	, 13
17. INFORMANT Gladys W. Herpick (Address) 131 Fredhrief St Colle	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Reme Dete 7et 24, 1932	Menner of injury	
19. UNDERTAKER Town Stain Tuel	24. Wes disease or injury In any wey releted to occupation of deceesed?	no
20. FILED th. 23, 1932. Harry H. Weis Registrar.	(Signed) What Hodger (Address) Chuab Chand	And M. C
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

who had no occupation whatever write n

To be complete, an occupation return that state:

8.—The trade, profession, or pullular kind of work done.

11.—The number of years the deeped followed the occupation.

out the particular kind of work done and that, as spinner, weaver, etc.

the particular kind of store, factory, mill otc., as grocery store, soan factory, cotton mill, etc.

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ryambie 1		Example 11	
The principal cause of death and related es of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic vinersciantricphritis	1921	Run over by street car	1 week ago
Corebral hemorrhage MAR 4 1934	July 5, 1937	Peritonitis	3 days ago
Other contributory causes of importance		Other contributery course of important	
Contributory Causes of Importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Coul Villa Leng	ce of Dear aty ge or City th of residence In ci	TH Allega Cumberl	ny and . Md		UJE	
	Residence: No	Ric	(Usual place	of abode)	St., Ward. The Lagelley U) U
PE 3. SEX	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
. Mal	e	R OR RACE White		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH Survey 5 H. (Month) (Day)	93. 2 (Year)
Sa. If marrie HUSBA (or) W	d, widowed, or divo	rude Ho	ppengam		22. 1 HEREBY CERTIFY That I attended dec	, 1932
6. DATE OF	BIRTH (month, da	y, and year)	pt. 15	.1859	I last saw here aliva on Jele' 5th., 1932;	leath is said
6. DATE OF 7. AGE	Years 72	Months 4	0ays 20	If LESS 1han 1 day,hrs. ormin.	to have occurred on the date stated above, at 10.15. f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
so that it may ctions on back on 10. Oat on 12. BIRTHP	istry or business in work was done, as I SAW MILL, BANK, in in deceased last worthis occupation (mo year)	n which SILK MILL, COE rked at nth and	Railroad 11-tippl	e man.	Other Contributory Causes of Importance:	2/4/3
In str in	e or country)	fT		0.20	Upriste	2/4/3
13. NA	TE HE	nry Hoc	pengarn Pa	er.	furnice Congenia	2/2/
L.	THPLACE (city or to (State or country)				Nama of operation Date of What test confirmed diagnosis? Was there an auto	psy? Zu
16. BIR		own)	Pa loopenga	rner	23. If death was due to axternal causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	
(Add	ANT	RIDE	ely Wva		Mannar of injury	
Plac	isherto	97	Oata Feb	.7th .1393	Nature of Injury	
19. UNOERT	AKER JO	ohn.C. To	olford l. Md	1115	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED.	1ef.6,	19 72.X	arvey)	Registrar.	(Signed) (Address) 122 / Braford (1)	M. O

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AU MEAU VORS				
Other contributory causes of importance:		Other contributory causes of importance:	ERME	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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61228

	occurred yrs mos	Registration Dist. No. 1. St., F death occurred in a horpital of institution, give its NAME instead of street and s. 34 ds. How long in U.S. if of foreign birth?	
2. FULL NAME GABRIEL HOT (a) Residence: No. 316 HARKI		St., 5 Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRLED	21. DATE OF DEATH FEBRUARY 14, (Month) (Day)	, 193.2 (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of JENNIE KESNE	R HOTT	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) SET 7. AGE Years Months 57	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at II = 3.5 mp . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	II. Total time (years) spant in this occupation	Pulmonay Julienles	Rup
12. BIRTHPLACE (city or town) _ WEST_VIR (State or country)		Dther Contributory Causes of Importance:	
13. NAME MAKTIN HOTT			
14. BIRTHPLACE (city or town)	V_RG_NIA	Name of operation Date of What test confirmed diagnosis Language Was there an	au!opsy?/per
15. MAIDEN NAME MARY KEPLIN 16. BIRTHPLACE (city or town) WEST (State or country)		23. It death was due to external causes (VIOLENCE) fill in also the 1ollowle Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT MEMORIAL HO (Address) CUMBERLAND, NI		(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMATIDIN, OR REMOVAL	Date Fel / 7, 1951	Manner of Injury	
19. UNDERTAKER (Address)	land Met.	24. Was disease or Injury In any way related to occupation of deceased?	no
20. FILED Feb. 16, 19 32. Ha	Mey H. Wels Registrar.	(Signed) (Address) Casaland	м. D

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1) 229
1. PLACE OF DEATH	107-0 LIMITS
County Allegany	Registration Dist. No. 4
Village or City CumperlandoNIT	No. St. Ward
Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Jarale C. House	o - V
(a) Residence: No. 20 Lel 2 2	3t. 6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 2 (193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Amely House	1 HEREBY CERTIFY Thet I attended deceased from 2 4 19 3 2 to
6. DATE OF BIRTH (month day, and year) \ \ \(\sigma \) \ \(\sigma \) \ \(\sigma \)	I last saw he alive on 714 23 , 19.72; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et
92 1 3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	D 1 0 . Fh
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Moncho Villandia 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Olympia Broughity
I 13. NAME alex Handilta	cutoqe
14. BIRTHPLACE (city or town) Maryland	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State er country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Man Thomas Thoma	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Con Date 7 - 7 - 19 3 2	Nature of injury
19. UNOERTAKER True Stanland Auf	24. Was disease or injury in my way releted to occupation of deceesed?
20. FILEO Feb. 2519.32. Havey Heter Registrar.	(Signed) A Cueuro M. D. (Address) D. L. Laure Laure Lui
If more blanks are needed, address State Revistrar	2422 N. Charles Street Baltimore Pequesting T.) S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
MAR # 190			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FI	JRTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WAITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(87E)
County allegand.	Registration Dist. No.
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) os. Lords. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurredyrs,()m	os
2. FULL NAME (Sulliam) Klary	Surell
(a) Residence: No. / Sullow Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 1932 to Fish 6 1932
DATE OF BIRTH (month, day, and year) July 13 1918	I last saw h alive on July 5 , 19 ; death Is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 = 3 Dam.
3 6 24 1day,hr	wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral & clerosio
SAWYER, BOOKKEEPER, etc.	from about the age of 6 months
9. Industry or business in which work was dona, as SILK MILL, Augustate SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) occupation	
2. BIRTHPLACE (city or town) Sautan (State or country) Muyland	Other Contributory Causes of importance:
1 13, NAME Diener (Mereland Daniel	7
13. NAME Sterry (Streller Marrell 14. BIRTHPLACE (city or town) Barton, ms.	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sulu Locuse 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Serving Someth	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place revel dell Continopate 12 11 19	Nature of injury
9. UNDERTAKER And Survey Surve	24. Was disease or injury in any way related to occupation of deceased?
20. FILED, Feb B 1932 V. a. Brucher	(Signed) S. M. Dancher M. D

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis FIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor OCCI of pluods Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Omos.) O.ds. How long in U.S. if of foreign birth? ______yrs. _____ mos.____ statement RECORD. Ward (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That bettended deceased from (or) WIFE of M properly 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than to have occurred on the dete state ebove, at. FOR 1 dey,....hrs. or min. Trade, profession, or particular OCCUPATION MARGIN RESERVED kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc.. may back 9. Industry or business in which plnods work was done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupetion year) instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis? ____Was thera an autopsy?_ carefully MOTHER 15. MAIDEN NAME 23. If death was due to axternat causes VIOLENCE) fill in also the following: important Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) ______ (Stete ar country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, In HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Natura of injury LION 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED ML Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requisiting U. S. No.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

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(Yaar)

deeth is satd

Oate of enset

(Day)

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Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1972	July 5, 1927	Peritonitis	3 days ago
	BUREAUTE			
Other contributory	causes of importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH ciassified Registration Dist. No. (If death occurred in Village or City Ward) a hospital or institution, give its NAME incertificate. stead of street and number.) property PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, be may be n back WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the decensed from 6 DATE OF BIRTH ..192 that instruction that I last saw h M. alive (Year) (Month) (Day) IIf LESS than and that death occurred on the date stated above, at 2.1.5. 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: supplied terms or min.? 8 OCCUPATION n tel (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in 드 importa which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) be EA (Durstion) DO 10 NAME OF (Signed) shoul E OF FATHER 192 (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER HOLL Violent Causes, state (1). Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT ation CAUS (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER occuzi ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State. of death ... (State or Country) Where was disease contracted, if not at place of dea.h?.. THE BEST OF MY KNOWLEDGE shoul Every item CIANS sho statement Former or usual residence. (Informant) DATE OF BURIAL (Address If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

M. D.

BINDING

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Groeery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (te or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an especially in industrial employments, it is neces-For many occupations a yr8). without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Exhaustion," "Heart ranger," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from cbildbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	infor- state UPA-	1. PLACE OF DEATH		CERTIFICATE OF DEATH	233
	s should t of OCC	County Allegany Village or City Cumberland Length of residence in city or lown where death or	(lf ccurredyrs,mos	Registration Dist. No	
	RD.	(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and	State
	reco PH xact	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	EX	OF	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Single	21. DATE OF DEATH Feb. 22, (Month) (Day)	. 193 2. (Year)
BINDING	AN A C ssifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended Feb. 22, 19 32, to Feb. 22,	deceased from
Z	END.	6. DATE OF BIRTH (month, day, and year) Feb.	22. 1932	Hast saw him Sitillborn Feb. 22, 19. 3	2death is said
FOR E	IS A PE stated E properly certificate	7. AGE Years Months Stillborn	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 3.45 Pm.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	he pe of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		Premature birth. Stillborn.	
RESERVED	INK—T E should at it may s on back	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
	NFADING II plied. AGE rrms, so that instructions o	12. BIRTHPLACE (city or town) Cumberland (State or country)		Other Contributory Causes of importance:	-
RG	UNFA ipplied terms, instru	Earl E. Jones			
MARGIN	sup in to See	HE 13. NAME Earl E. Jones 14. BIRTHPLACE (city or town) W. V. (State or country)	a .	Name of operation Date of What test confirmed diagnosis? Was there an a	
	WITH fully : n plair nt. So	# 15. MAIDEN NAME Laura Barke:	r	23. If death was due to external causes (VIDLENCE) fill in also the following	
	ta ta	E 15. MAIDEN NAME Laura Barke: 16. BIRTHPLACE (city or town) W. V.	В.	Accident, suicide, or homicide?	, 19
	4 DO A	17. INFORMANT Earl E. Jones (Address) Cumberland	Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PL/	e) ACE.
	Sh Sh E O is	18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
No. 1	.—WRITE mation sl CAUSE TION is	19. UNDERTAKER Earl E. Jones, (Address) Cumberland, Mo		24. Was disease or Injury in any way related to occupation of deceased?	
N. N.	ri ri	20. FILED Teb. 23, 1932. Han	ey H. Weiss	(Signed) Mast Major	M. D.

(Address) May I for

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*			4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 (

WANTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(131)
	CORPORATE LIMITS Registration Dist. No. 4 No. 949 Practical Const. 6-1 W.
County Milesyamo	COPPORTED TO THE STREET OF THE
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Julia 1 Trella	7=17-
(a) Residence: No. 949 Mary July ave	V. ₩ 6 -1 Ward.
(Usual place of abode)	A If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK BLYORCED & write the word)	21. DATE OF DEATH Feb. 19 1937
t. If married, widowed, or divorced	(Month) (May) (Year)
HUSBAND of Christopher Relly	22. I HEREBY CERTIFY, That 1 attended deceased if
DIFF OF BURY (1880)	I last saw h alive on Feb. 19 193 7 death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 0 m.
74) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 ' or min.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Come to I Wassender IN
SAWYER, BDOKKEEPER, etc.	05-120-420 N-221-11075 610
9. Industry or business in which work was done, as SILK MILL, A D	
10- Date deceased last worked et 11. Total time (years)	-
this occupation (month and spant in this occupation	
0	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town)	1 10
(State or country)	- (hour of gright oy
13. NAME OLOGE / SICKET 14. BIRTHPLACE (city or fown)	Mise as
14. BIRTHPLACE (city or fown)	Name of operation Dato of
(State or country) Suman.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Constinue Detamon	23, If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Custome Deanons 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or sountry)	Where did injury occur?
(-1 PHOD	(Specify city or town, county and State)
7. INFORMANT	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
	Manner of injury
8. BURIAL, CREMADION, OR REMODAL	21
	Nature of injury
8. BUSTAY, CREMANAGA, OR REMOVAL Lende Fet 77,19.32	21
8. BURIAL, CREMADION, OR REMODAL	Nature of injury
8. BURTAY, CREMANAGN, OR REMOVAL State Office & Vanly Lende Feb 77,19.32 9. UNDERTAKER LANDO Stein Inc.	Nature of injury 24. Was disease or injury in eny wey related to occupation of deceased?

OF MADVIAND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

County Olleany Village or City Callo M. (If death occurred in a hospital or institution, give its NAME instead of street and number)	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Callo 9 md. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		- (1235)
(If death occurred in a hospital or institution, give its NAME instead of street and number)	County allegany	Registration Dist. No.
	Village or City Callos Md.	No. St., Ward
Length of residence in city or town where death occurred yrs, mos. 9 ds. How long In U, S. if of foreign birth? yrs, mos. ds.		
2.1 9 00 1 1	1.1 9 00 11	ds.
2. FULL NAME Mary to oblace Neuroly	2. FULL NAME Mary Colleen N-	enny
(a) Residence: No. Jevantown St., Ward. (Usual place of abode) St., Ward. If nonresident give city or town and State		St., Ward.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH		21. DATE OF DEATH
Female white Single Child Flex (Month) (Day) (Year)		
5a. If married, wildowed, or divorced	a, If married, widowed, or divorced	
HUSBAND of (or) WIFE of	(or) WIFE of	
6. DATE OF RIRTH (month day and year) Selet 29 1929 Hast saw her aliva on Feb 16 1932; death is said	9.1+ -0 1000	
6. DATE OF BIRTH (month, day, and year) 1 aliva on 1 al		
1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related pauses of Importance	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related pauses of Importance
8 Trade protession or particular	8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this preparation (month and separating this preparation (month and separating this separating (month and separating this separating this separating this separating this separating (month and separating this separating thi	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	H phermanka Hod
4 9. Industry or business in which work was dona, as SILK MILL,	Industry or business in which	Helder and connelsion
SAW MILL, BANK, atc O 10. Data deceased last worked at 11, Total time (years)	SAW MILL, BANK, atc.	I am Fel 16th and not
10. Data deceased last worked at this occupation (month and year) spent In this occupation when the companion occupation this occupation.		seen by me until
Other Contributory Causes of Importance:		Other Contributory Causes of importance;
(State or country)		agen war
Supple (Striple Case) word in tour.		- The state of the
$\mathcal{P} = \mathcal{P} = \mathcal{P}$	Pod	
L (Otal a soundary)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Color C Son b / 23 If death was due to external causes (VIOI ENCE) fill in also the following:	15. MAIDEN NAME COLOR Son 2	
	16 RIDTUDIACE (city or town) Trale Sursant	Accident, suicide, or homlcide? Data of Injury 19
S (State or country) Where did injury occur?		Where did injury occur?
(Specify city or town, county and State) 17 INFORMANT Was Wary a - Werney Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	7 INFORMANT Mrs Mary a. Kenney	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE,
(Address) Carlow Md. J		
18. BURIAL, CREMATION, OR REMOVAL Place At Machaela Date Feb 24, 1932 Nature of injury		Manner of injury
Place Date Date Ly, 1922 Nature of injury	Place St. Machaela. Date St. 24, 19.02	- Nature of injury
19. UNDERTAKER 24. Was disease or injury in ony way related to occupation of deceased?		24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Tropellula 1910 If so, specify with Change of	(Address) Troptouta 1910	The state of
20. FILED 23, 102 NNO 10 Lane (Signed) Frankly In Smd		The second second
Registrar. (Address)		

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	Example I		Example II	
The principal of importance	cause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstil	tial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorri	hage	July 5,1927	Peritonitis	3 days ago
	the distance of the state of th			
Other contribu	utory causes of importance:		Other contributory causes of importance:	- 3
Gallstones	MAR 4 1932	May 1,1923	Gastroenteritis	1 year
	BUREAU V.S.			

N. B. WRITE PLAINLY, WITH UNFADING INK .- THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. N6.

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	- (1236)
77	County allegany	CORPORATE LINII Registration Dist. No. 4
should of OCC	Tillage of Oily	No. Maria Ma
t S		ds. How long in U.S. If of foreign birth?yrsmosds.
YSICIANS	2. FULL NAME Tilaba Kifer	
SIC	(a) Residence: No. Celstons md.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 3 - 193 2 (Month) (Day) (Year)
fed	5a. If married, widowed, or divorced HUSBAND of 7	
A C T assified	(or) WIFE of hargaret Neurich	22. I HEREBY CERTIFY, That I attended deceased from
EX y cl ye.te.	6. DATE OF BIRTH (month, day, and year) Zet. 25- 1860	I last saw h ui alive on Fet - 24, 1932 death is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.20m.
stated properl certifica	72 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Carquiore Carculiconset
be be	SAWYER, BOOKKEEPER, etc. Letter farmer	with milanoen la
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	Live T
she it i	Q. Date deceased last worked at 11. Total time (years)	o Deardary
	this occupation (month and spant in this occupation ccupation	Cheliuous leston
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
s, s	(State or country)	Callord
supplied n terms, ee instru	13. NAME BOY Known Kifes	
sup in te	13. NAME NOT KILL ALL STATES OF THE STATES O	Name of operation Date of 1/16/32:
ly lain	(State of Country)	What test confirmed diagnosis? Mullor Cofe Was there an autopsy? Zo
carefully supplied H in plain terms, ortant. See instru	15. MAIDEN NAME Bot Known	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in g important.	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
AT mpc	(State or country)	Where did Injury occur? (Specify city or town, county and State)
should be car OF DEATH	17. INFORMATICO da Memorial Horpital (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE,
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Pide Collown M. OC. Date 7-4-27-1932	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Jours Stein Luc	24. Was disease or Injury In any way related to occupation of deceased?
	(Address) Eurobenhand md.	If so, specify
17	20. FILED 7 eb. 25, 1932, Harvy H. Weiss	(Signed) M. D.
W.	Registrar.	(Address) (Address)
	If more blanks are needed, address State Registrar	2411 N Charles Street Relimore Pequetting 71 S No .

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Example I	i desar	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1237
1. PLACE OF DEATH	(SI)
County Magning -	Registration Dist. No.
Village or City Comments WITH	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Kansas Kright	
(a) Residence: No. (Usual place of abode)	St., Ward. Welsen we city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH Ful. (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1817	I last saw half alive on Feb. # 193 V death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. 30 Ca
about 6 4 1 1 day,	The PRINCIPAL GAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	la l
SAWYER, BOOKKEEPER, etc.	Mouse Ryscartile
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Occupation	A pouce the plant
0	Other Centributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Mate - Allen
13. NAME Richard pright	
13. NAME Tuchand Impha	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Shipshaft whelsworth	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & De Complete (Address) 544 Billion me Complete	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date Fet 8 , 19 3	Manner of injury
19. UNDERTAKER amis Stay Ine (Address) famberland md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Tet. 8, 19 32. Harvey Heler Registrar.	(Signed) M. D. (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: "

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis + F. E. C. C. V. C. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1992	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE

V. S. No. 1

of OCCUPA

plnods

item

1. PLACE OF

County_

DEATH WITHIN CORP	CERTIFICATE OF DEATH OBATE LIMITS Begistration Dist. No. No. Memorial Hopital, — Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
ND(Usual place of abode)	St., Ward. If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jebruary 13 th, 193 2 (Month) (Day) (Year)
or divorced	22. 1 HEREBY CERT1FY, That I attended deceased from 19
nth, day, and year) Fefi3, 1832	1 last saw h alive on, 19; death 1s sald
Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
n, or particular k done, as SPINNER,	

Village Dr City Length of residen 2. FULL NAME (a) Residence: PERSONAL 3. SEX 5a. If married, widowed. HUSBAND of 6. DATE OF BIRTH (mo 7. AGE Years 8. Trede, professio OCCUPATION kind of work SAWYER, BDDKKEEL 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Oate deceased last worked at this occupation (month and 11. Totel time (years)
spent in this occupation Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME (State or country) ---- Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1238
1. PLACE OF DEATH	LIMITS
County allegaces	ORPORATE LIMITS Registration Dist. No. St., Ward
Village or City Celebrate Cased WITHIN C	No. St., Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
a sure be seen to be	andi
2. FULL NAME YMWGMUT Grow a	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OD DIVORCED (write the word)	21. DATE OF DEATH \[\tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5a. If married, widowed, or divorsed	
HUSBAND of (or) WIFE of Raleigy Faudes	22. LIHEREBY CERTIFY, That I attended deceased from 1932, to 2. 16., 1932
6. DATE OF BIRTH (month, day, and year) Sept 14 1882	I last saw h 197 alive on 7
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
49 9 5 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Nouse work	
kind of work dona, as SPINNER, Nowbework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Qate deceased last worked at this occupation (month and	Town Man 1
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Color Market
10. Date deceased last worked at this occupation (month and year)	
7AA d	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (Stata or country)	
000	Test a - se traberiles
E 1	Name of operation Data of
[State or country]	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wilholing Klebrado	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Wilholusing Kehrado	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT The Travelle Hectory	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF PEMOVAR	Manner of Injury
Place 7, V, 00 pate 730. 18, 1932	Nature of injury
19. UNDERTAKER Joseph Steward Ave	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 17, 19 32, Harvey Huser	(Signed) Ly Hillague M. D.
A	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

CTATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SINTI

STATE OF MARYLAND—C	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Allegany WITHIN CORPOR	ATE LIMITS Registration Dist. No. 4
Village or City Cumberland Maryland	No. Memorial Hospital SE 6 - 1 Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME KATHERINE LARAWAY	
(a) Residence: No. MARKLEYSBURG, PENNA	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Zess L. Laraway	22. PHEREBY CERTIFY That I attended deceased from
lon 11 1991	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at
2 n 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, HOUSEWIFE SAWYER, BDOKKEFPER, etc	& a almosting of human allow
9 Industry or business In which	
SAW MILL, BANK, etc.	1/8ma
10. Date deceased last worked at this occupation (month and year) spent in this occupation coupation.	
Maryland	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	Ment dillation & may
13. NAME William Umble	Mr. My orasolic
T TO, WHILE	undantation of radium medles in
14. BIRTHPLACE (city or town) Pennsylvania (State or country)	Name at operation Date of \$16,1932
15. MAIDEN NAME Harriett Savage,	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:
I I I I I I I I I I I I I I I I I I I	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Pennsylvania (Stata or country)	Where did injury occur?
Memorial Hospital (Address) Cumberland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Markleysburg, Barg 2 - 2/, 1932	Nature of injury
19. UNDERTAKER HAT Rolahaver Jon- (Address) American	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Feb. 18, 1932 Harvey Heris Registrar.	(Signed) f: M. M. M. M. M. M. M. D. M. D. M. D. M. D. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V STEELU - S-		\$	
Other contributory causes of importance:	The state of the s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

. 193

1PLACE OF DEATH	STATE OF MARYLAND
County alleganing	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City I roubling (No. Mar)	Reserved Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jeb. 2 9 , 193.2 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Feb. 29, 1932	Jel. 29 19320 26. 25 ,1932
(Month) (Day) (Year)	that I last saw he Malive on 3 + 16 0 7 1 2/2 1923
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
Still born yrs. mos. ds. or min.?	Gressature 7 ma.
OCCUPATION (a) Trade, profession or particular kind of work	Uterine AsphyxiA
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs, mos ds, Contributory Secondary
1 10 NAME OF	(Duration) yrs mos, ds,
FATHER CARSON Miller	(Signed) M. D. Mar / 1982 (Address) Piedmont W. Vo
OF FATHER (State or country) New Creet	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Elizabeth Lauper	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Franklin Md	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mary Elizabeth Lauper	usual residence
(Address) Franklin ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2 / 3 / 192 O Supulsary	20 UNDERTAKER ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, work, en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Housemaid, etc. If the occupation has been changed borer, Form laborer, Laborer—Coal minc, etc. Womrner, (b) Cotton mill; (a) Salesman. (b) Grocery;
Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthonia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need Whooping cough; approved by Committee on American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory valvular heart discase; Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

2

MANENT RECORD. Every item of infor-	XACTLY. PHYSICIANS should state	classified. Exact statement of OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County allegany	Registration Dist. No.
Village or City Barton	No. St., Ward
A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
ma 0	don
2. FULL NAME Wary Wighta Jogs	a r- houseland
(a) Residence: No. V (Usual place of abode)	St., Ward. Universident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH YOR IS THE
Lewale white suite	(Month) (Day) (Year)
lf married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) march 11 1912	I last saw (12 alive on Tur. 5 th 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ & P _ m.
19 10 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
9 Trade profession or particular	Pulmonary Tubrelloses nov. 1-27
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased lest worked at this occupation (month end this occupation (month end this occupation).	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month end year) spent in this 10 400 occupation occupation.	
12. BIRTHPLACE (city or town) Coulton - V. Va.	Other Contributory Causes of importance:
(State or country)	
13. NAME James Logsdon	
14. BIRTHPLACE (city or town) Barton - Md	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Gless Rick	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIOEN NAME Allew Rick 16. BIRTHPLACE (city or town) Backer hud	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Munice Loyslan	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Westerchart had 9 1832	Manner of Injury
Place Tato Peller - Who Date July 9,1922	Nature of injury
19. UNDERTAKER David Book (Address)	24. Wes disease or Injury In eny wey related to occupation of deceased?
20. FILED Fish 7, 1932 J. a, 13 oncher Registrar.	(Signed) M. J. M. Correct J. M. O. (Address) Widland - manyland.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WAR 5 1982			
Other contributory causes of importance:	PER TERM	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

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	D. E	SICI	aten	'
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OR	SA	ated	obe.	rtific
D F	IS IS	e st	e pr	f ce
MARGIN RESERVED FOR BINDING	TH.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
ER	IK-	shou	t m	n ba
ES	4	35	hati	18 01
Z	NIC	Y	so t	ction
3GI	FAI	lied.	ms,	stru
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1)	-WI	mati	CAL	TIO
N.	B.			
>	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of)		
		1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61242
1. PLACE OF DEATH	
County allgany 1	Registration Dist. No.
Village or City Chart	No
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Baky Lonner	Singles.
(a) Residence: No. Residence	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
5a. ff married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22 HEREBY CERTIFY, That attended deceased from
F / 1, - 1, -	Fet 13 ,1932 10 tet 15 ,1932
6. DATE OF BIRTH (month, day, and year) Fek 13 1932.	I last saw has alive on 1932 death Is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at 1221.m. The PRINCIPAL CAUSE OF DEATH and elated causes of Importance
or 20_rain.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	to Chiminally
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	induced abortion
SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (yeers)	
10. Oate deceased last worked at this occupation (month and year) occupation occupation.	
Ent full	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name ef operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME TYPE LESS TOWN 15. MAIOEN NAME TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	23. If death was due to external causes (VfOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) 20h hart	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate J. Mr. 19.2	Neture of injury
19. UNDERTAKER	24. Wes disease or injury in any way related to occupation of deceased?
(Address) 9	If so, specify
20. FILEO 1932 NOW A and Registrar.	(Signed) M. D. (Address) A. A. A. A. M. D.
Regultar.	(Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis Corebral hemorrhage MAR 4 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage MAR 4 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			0
Other contributory causes of importance:		Other contributory eauses of importance:	: .0
Gallstones	May 1,1923	Gastroenteritis	1 year

(1)

(Year)

Registra

If more banks are needed, addross State Registrar, 16 W. Sarafqga St., Balto, Requesting

PLACE OF DEATH

STATE OF MARY

RIIFIC	AIL	OF	DEAL
Registr	ation I	Dist. N	0. 4

St.: Ward)	tion, give it	er instit	tu- in-
	stead of	street a	na

number.)

6 DATE OF DEATH	pteb	3	1932
***************************************	(Month)	(Day)	(Year)
17 A I HEREBY C	ERTIFY, That I a	. /	
73	192 V to	13	, 192
		***********	,
that I last saw h	alive on		, 192
and that death occured	on the date state	d above, at	n
The CAUSE OF DEATH	* was as follows:		
1.1	was as Iono wa.		
170	Chorn		***************************************
RING	gro pour	•• •• • • • • • • • • • • • • • • • • •	*****************
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Contributory		100	n
Secondary	Ø	•	
p	(Duration)	yrs	most
(Signed)	10/rer	aski	2 M.
11 20	10-11	Leclon	
192	(Address) usu		J
*State the Disca	age Causing Doot	h, or, in d	eaths from
Violent Caus s, state Accidental, Suicidal or	(1) Means of	Injury and	(2) whether
Violent Causes, state Accidental, Suicidal or	(1) Means of		(2) whether
Violent Caus s, state Accidental, Suicidal or	Homicidal. DENCE (For Hos		(2) whether
Violent Caus s, state Accidental, Suicidal or 18 LENGTH OF RESI	e (!) Means of Homicidal. DENCE (For Hosdents)	pitals, Institu	(2) whether
Violent Causes, state Accidental, Suicidal or 18 LENGTH OF RESIL ients or Recent Resid	(1) Means of Homicidal. DENCE (For Hostents) ln t Steed,	pitals, Institu	(2) whether
Violent Causes, state Accidental, Suicidal or 18 LENGTH OF RESII ients or Recent Resic At place of death	(1) Means of Homicidal. DENCE (For Hostents) ln t Steed,	pitals, Institu	(2) whether
Violent Causes, state Accidental, Suicidal or 18 LENGTH OF RESII ients or Recent Resic At place of death yrs mos. Where was disease contractif not at place of death? Former or	e (1) Means of Homicidal. DENCE (For Hostents) ln tds. Sted,	pitals, Institu	(2) whether
Violent Causes, state Accidental, Suicidal or 18 LENGTH OF RESII ients or Recent Resic At place of death	e (1) Means of Homicidal. DENCE (For Hostents) ln tds. Sted,	pitals, Institu	(2) whether

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) Growny; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples : ic additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Fereman," "Nanager," "Deal. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of to report definite salary), may be entered as Housewife, Househousehold only For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, (not paid Housekeepers who receive a Locomotive engineer

Statement of Cause of Death—Name, first, the Diagrams is causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinul fever (the only definite synchym is "Epidemic cere hrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,");

"Uraemia," "Weakness," etc., when a definite disease "(Thanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, televius) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds: Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. (secondary or intercurrent) Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarconu., etc. of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; ChronicExample: Measles (disease affection need etc. The contributory valendar heart discuse; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate in permanently filed.

3 13

t te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATA	N CORPORATE LIMITS (948) Registration Dist. No.
M of a	County Alegans	Registration Dist. No.
A 61	Village or City Cambel and MITH!	NO. 16 6 Befford Pt St 3 War
	(II	f death occurred in a hospital or institution, give its NAME instead of street and number)
NS Sur	Length of residence in city or town where death occurred	ds. How fong In U.S. p of foreign birth?yrsmosds
Ev	2. FULL NAME a loya 6. Mador	C. Marie Control of the Control of t
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No	St., Ward.
OR	(Usual place of abode)	If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
FY	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28. /2 193 &
KG ENT TLY	5e. If married, widowed, or divocald	(Month) (Dey) (Yeer)
BINDING EXACTI y classifed.	HUSBAND of (or) WIFE of	22.] HEREBY CERTIFY, That I attended deceased from
BINI ERM EXA	May 5 1 4 2 16	7 CF 6 ,1932, 10 Tet /2 ,193
BI PEI E	6. DATE OF BIRTH (month, day, and year) Thay 2 133 7	I last saw h an alive on 12 , 1933; death is sai
R. A. J. Led	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at // m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR B IS A PE stated F	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. ormin.	were a follows:
20	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Coronary / hrombons 1/6 3
H I H	Z Industry or business in which	
ERVI VK-T should	9 Industry or business in which work was done, as SILK MILL, Shoe Store	
(1)	10. Date deceased last worked at this occupation (month and spent in this	
RES ING I		Other Contributory Causes of importance:
Z	12. BIRTHPLACE (city or town) (State or country) 13. NAME Typical 14. Paricis 15. Paricis 16. Paricis 17. Paricis 18. Paricis 18. Paricis 19. Paricis 1	home
MARGIN UNFADI supplied.	(State or country)	
MARGI ITH UNFA- illy supplied	13. NAME Trances Maker 14. BIRTHPLACE (city or town)	
MA	14. BIRTHPLACE (city or town).	Name of operation Date of
H L	(State or country)	What test confirmed diagnosis? Clemed Was there an autopsylvan
Y, WITJ	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or cognity)	23. If death was due to external causes (VIOLENCE) fill In also the following:
Y,	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
NE Se IAT	State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY, hould be car		Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA Should OF D	17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	
™ w ™	Blook Rase Hull Wy Date - 18 13-	Manner of injury
WRITE mation s	19. UNDERTAKER John Stychol	Neture of injury
TI E O	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
B.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If so, specify (Signed) A A A A A A A A A A A A A A A A A A A
Si Zi	20. FILED 1. 19.20- Harvey HI Registrar.	(Address) Cumberland had
(2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	() water state ()	Common ones, Datamore, Acquesting O. S. 140. 1.

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SUPEAU V.S	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor 1. PLACE OF DEATH LIMITS OCCI County Allens plnous Jo Registration Dist. No JO (Il death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence In city or town where death occurred statement RECORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Day) (Yeer) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY Dat I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the dete stated above, at 104/3 A_m Days If LESS than 7. AGE Years Months I day The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) 10. Date deceased last worked at this occupation (month end spent in this that occupation. vear) ___. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis?_ Was there en autopsy?_ Z carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury______ 19... OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) 18. BURIAL, CREMATION, OR Manner of Injury CAUSE mation Neture of injury TION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	i s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1932	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.		(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon	1		

item of inforshould state

of OCCUPA-

STATE OF WARTLAND	CERTIFICATE OF DEATH (11/4)
1. PLACE OF DEATH	93-2
County Mgg Megry	Registration Dist. No.
Village or City University Upl	NAON Westernsort St. Ward
CH	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME A DULL	Molley
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, WARRIED, WIDOWED, OR DIVORCED ("grite the word)	21. DATE OF DEATH
we walled	(Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of Venture August 1985	
(and Wife of) allew Braphy My Kally	22. I HEREBY CERTIFY. That I attended deceased from
100 / 31 1 /7 P	1957, 10
6. DATE OF BIRTH (menth, day, end year)	I last saw h.m. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et6m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 6 ormin.	were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER,	my ocordules 1928
SAWYER, BOOKKEEPER, etc.	allema 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10 Oato deceased jest worked et this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
(+ 1)	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or county)	
14. BIRTHPLACE (city or town) Oct Loud	
4 14, BIRTHPLACE (city or town)	Name of operation Nove Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VtOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or jountry)	Where did injury occur?
17 INFORMANT This four the Trocky	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) At a as Valeur Moin	
18. BURIAL, CREMATION, AB REMOVAL	Manner of injury
Piace Pleus Oate UN 9, 1937	Nature of Injury
Va Hausen on	7/
19. UNDERTAKER (Address)	24. Was disease er injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEO J-SC J. 1937 YJAMAS SOLV	(Signed) (Signed) M. D.
Registrar.	(Address) Guamann W.Va
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	117
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2 1982	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FUI	FURTHER	STATEMENTS	BI	PHISICIAN

V.S.N

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 61247
Village or City Culubrolland	N CORPORATE MAN Registration Dist. No. No. 24 Washington St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	ds. How long in U. S. If of foreign bith?mosds.
2. FULL NAME Marker / M.	arres
(a) Residence: No. 301 Yashuregton (Usual place of abod)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clesative & Morres	22. I HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Sell. 13 1867	I last ow h in elive on A = 1931; death is sai
AGE Years Months Days If LESS than	to have occurred on the date steled above, et 9 45 m.
64 4 18 1day,hr	ware carfollows
8 Trade profession or particular	Carmany Thombosis 2. 1-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this necentation (month and	
10. Date deceased last worked at this occupation (month end year) occupation occupation	104
12. BIRTHPLACE (city or town) — Md	Other Contributory Causes of importance:
13. NAME Kolice W Morres	
13. NAME KOULE W MONES 14. BIRTHPL CE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Deep	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Colort Morris (Addiess) Curreland and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place PLECTOR 193	Manner of injury
19. UNDERTAKER FOLLY HERE Sure	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED Feb. 2, 1932. Harry Hill er	(Signed) A C Lawren M. (Address) Comball And And I and
	21, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep.	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 Inc	July 5,1927	Peritonitis	3 days ago
	200 January			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	\$2-a
County allegany	Registration Dist. No. 4
Village or City Complete (IF	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Jennie 6- mos	men
(a) Residence: Ato. // Oldton (Usual place of abode)	26st, 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I ettended deceased from
(Or) WHE of Everland Thorrison	22. I HEREBY CERTIFY. They I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast sawh for alive on 7,1 by 2 3 19,12; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et [] Q_m
78 8 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc.	apoplexy 2/10-32
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. S. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME devoire 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Council)	What test confirmed diagnosis?
15. MAIDEN NAME Luca Jones	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Tica Jones 16. BIRTHPLACE (city er town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT The Edw Wicker (Address) Con De Da Dand	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Pleceting wood pla Dete Feb 26, 193 x	Neture of injury
19. UNDERTAKER TO COMPANY TO STATE OF THE ST	24. Wes disease or injury In any way related to occupation of deceased? . M. 6.
20. FILED Feb. 25,1932. Harry Haveis	(Signed) J. H. Charles M. D.
Registrar.	(Address) Duck per acce of

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the state of t	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING TION is very important. See instructions on back of certificate. FOR MARGIN RESERVED

should state

STATE OF STA	- MARYLAND—	CERTIFICATE OF DEATH	1 (1293
County Allann	nu -	Registration Dist.	No. 8
Village or City	1 arrange	No.	St. Ward
Length of residence in city or town where dea	11	death occurred in a hospital or institution, give its NAME insti-	
(a) Residence: No. Junuar	(Usual place of abode)	St.; Ward. If nonresident give	city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF	F DEATH
male That	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY	
6. DATE OF BIRTH (month, day, and year)	arch 1st. 1913	Hast saw home alive on FA 1 3	19_3 2 death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Student	head sundert won	17
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	l as Tables (man)		
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:	
13. NAME Strah	mores,		
13. NAME Study 11. BIRTHPLACE (city or town) (State or country)	ayland	Name of operation	Date of Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Obilson anyland	Where did injury occur? Lonaroning, In	of injury Fet 17, 1932
17. INFORMANT THE HARY (Address)	In Devser	(Specify city or tow Specify whether injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Datey Febr. 3., 1932	Manner of injury	
19. UNDERTAKER Mangacha (Address)	how me.	24. Was disease or Injury in any way related to occupation	of deceased? hr
20. FILED 2/3/32-19 2.0	on Sylvens,	(Signed) Hury M.) Lody	md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	w 16. 11				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01250
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City / Fronthung	No. 228 & mass St., Ward
(If Length of residence in city or town where death occurred 29 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
C. 1 7 5.	ds. How long in 0.5. If of folergil bittin? 20-yrs mos os.
2. FULL NAME Jarah 4. M	asis
(a) Residence: No. 228 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (narrier the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
HUSBAND of Moral Moses	22. HEREBY CERTIFY. That I attended deceased from 1932, to 1 et 9, 1932
6. DATE OF BIRTH (month, day, and year) Une 28 1850	I last saw here alive on February 1932; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at # . 30 ni.
8/ // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dome, as SEPINNER, ASSAULACE OF ANY OF PROPERTY OF THE PROPER	transie of kead of con 31/93
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Seft 11 From 17.
work was done, as SILK MILL, SAW MILL, BANK, etc	assidental Fall
	A Section of the sect
year) occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	9.0.0
	Renung
13. NAME arthur Foundland 14. BIRTHPLACE (city or town)	5/
[14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 22. 23. If death was due to external causes (VIOL ENCE) fill In also the following:
H	Accident, suicida, or homicide? Alluled Date of Injury 16. 31, 19.3.
S 16. BIRTHPLACE (city or lown) (State or country)	Whera did injury occur? at her home
17. INFORMANT 4 F MASE (Address) Frastonia Snd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Marin A C. Date Teley 12, 19.3.2	Menner of Injury Flel in Storm Nature of Injury Franciscus Left James
12 M	24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED 11 , 193 V Pt II, Q M Y CM. Registrat.	(Signad) M. D. (Address) List Duly ma
If more blanks are needed, address State Resistrar	Carr N Charles Street Relaimore Requesting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

1 2 3 3 3

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer. mischanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement's of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	0 P - 1 P -	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
18888			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61251
1. PLACE OF DEATH	93°C LIMITS
County Allegileny	PINGLIN CORPORATE LIMITS Registration Dist. No. St., Ward
Village or City Cylinbulahid	WIND! St., Ward
/1/ (If	death occurred in a hospital of institution, give its typic instead of street and number)
Length of residence In city or town where death occurred yrs mos	ds. How long in U.S. If of foreign birth? J. yrsmosds.
2. FULL NAME / sellings / arsi	nun
(a) Residence: No. 923 Skenwood (Usual place of abode)	St., b Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tule 13, 19332 (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellera (Halbert Manamith)	22. THEREBY SERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3-23-1864	I last saw h. M. alive on File 13 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
67 10 20 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asthma aug
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	myocardelio /199
10. Date deceased last worked at this occupation (month and 1924 spent In this 50%)	
12. BIRTIIPLACE (city or town). State or country)	Other Contributory Causes of importance:
	1935
13. NAME NORM Naismith 14. BIRTHPLACE (city or town)	achillulin
14. BIRTHPLACE (city or town) Solland	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs Duncan Loayman (Address) 923 Glimwood & Cut	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
all portrastbury ma Date tel 15, 1933	Nature of injury
19. UNDERTAKER A DANTER	24. Was disease or injury in any way related to occupation or deceased?
20. FILED Tet. 151932 - Harry H. Weg	(Signed) MSBQ well M. D. (Address) 133 22
If more blanks are needed address State Registers	Octav N. Charles Sanat Beltimore Proceeding 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

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CAUSE OF DEATH

See

TION is very important.

MOTHER

(State or country)

(State or country)

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKE

properly

Exact statement

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of OCCUPA.

STATE OF STA		CERTIFICATE OF DEATH 61252
County ALLEGANY, Village or City CUMBERLAN Length of residence in city or town where dea	D MD.	REMORIAL HOSPITAL (March of Street and number) S. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MARGARE	T NAYLOR,	
(a) Residence: No. PWTERSB	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE SLACK	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH L'EBRUARY 22, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	JULY 31 1915 Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	HOUSEWORK	were as follows: Date of onset Date of onset
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) PETERS. (State or country)	BURG W. VA.	Other Contributory Causes of importance: She Dattoriot.
13. NAME SEYMOR NAY	LUR,	
14. BIRTHPLACE (city or town)	T W.DC.N.A	Name of operation Date of Date of

WEST VIRGINIA.

GILMORE

Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) 41 -If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

What test confirmed diagnosis?

23. If death was due to external causes (VIOL ENCE) filt in also the following:

Was there an autopsy?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 - ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage MAR 4 1939	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

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OCCUPA-

19. UNDERTAKER

(Address)

	(a) Residence	ALLEGAL ALLEGAL Ity CUMBERIAL Jence in city or town where decessions.	NY WITHIN CORPORION (If anth occurred yrs mos	Registration Dist. No. No. MEMORIAL HOSPITAL death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U. S. If of foreign birth? St., Ward. If nonresident give city or town and Sta	ds.
			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX [ALE	BLACK	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH FEBRUARY 18, 1932 (Month) (Day))3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) FEBRUARY 18, 1932 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.			Days If LESS than 1 day,hrs.	I HEREBY CERTIFY. That I attended dec to have occurred on the date stated above, at 7: 27 And The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	719
OCCUPATION	Work was SAW MIL 10. Date decease this occup	business in which done, es SILK MILL, L, BANK, etc d last worked et bation (month end	11. Totel time (years) spant in this occupation		
12.	BIRTHPLACE (cit			Other Contributory Causes of Importance:	
ER	13. NAME	trville	Redman		
FATHER	14. BIRTHPLACE (State or	(city or town)	est Va.	Name of operation Date of Wes there an auto	nev?
ER	15. MAIDEN NAI	ME MARGRET	NAYLOR	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:	p-y1
MOTHER	16. BIRTHPLACE (State or	(city or town) WEST		Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17	MEMORIAI, HOSPITAT.			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	

17. INFORMANT MD (Address) 18. BURIAL, CREMATION, OR REMOVAL

_ Date

Registrar.

Manner of injury

Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

(B)	item of infor-	state	UPA.
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	Every	PHYSICIANS	Exact statement of OCCUPA.
	RD.	YSI	stat
•	RECORD. Every	. PH	Exact
	-	54	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

DR.H.WILSON

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF D	EATH			82-0	11
County AL	LEGANY	W	THIN-CORP	ORATE LIMITS Registration Dist. No.	4
Village or City_	CUMBERLAN	D,MD. 1	MEMORIAL.	HOSPITAL. death occurred in a horpital or institution, give its NAME instead of str.	Str. 6-/ Ward
Length of residence	in city or town where	deeth occurred		I6HOURSlong in U.S. if of foreign birth?yrs	
2. FULL NAME	ELIZABET	HINORTHO	RAFT.		
	No. FLINTS			St., Ward.	10.
	AND STATIST			If nonresident give city or to	
	COLOR OR RACE	S. SINGLE, MARI	RIED, WIDOWED.	21. DATE OF DEATH	
FEMALE	WHITE	W PLYOREE	(write the word)	FEB.21, 1932 (Day)	, 193 (Yeer)
5a. If married, widowed, o	r divorced				
(or) WIFE of	MES NORTH	ICRAFT		22. I HEREBY CERTIFY That I e	
6. DATE OF BIRTH (mon	th, dey, end year)	T.TT.T8	56	E	19.24-; deeth is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et. 2., 50 mA. N	
75	1 4	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importen were as follows:	Date of onset
8. Trade, profession kind of work	done, es SPINNER,	07 TH	7	Cliffial hemorshage and	67
SAWYER, BOU	SAWYER, BOOKKEEPER, etc.			Sparalytes ught hade of	1 H-Zo-)
	e, as SILK MILL, ANK, etc			Art ag	
10. Date deceased la this occupetio	st worked at n (month end	11. Total ti	me (years) it in this pation		
			pation	Other Contributory Causes of Importance:	0.00
12. BIRTHPLACE (city or (State or country)	town)WARYL	ALL		Actorio relevares	Veres
TAME JAM	ES BROWNI	NG		/ *	
王	v or town)MAF			Name of operationD	ate of
(State of cour	itry)			What test confirmed diegnosis? Clustical Was the	here en eutopsy?ND_
15. MAIDEN NAME	Tink	noun		23. If deeth wes due to external causes (VIOLENCE) fill in also the f	
O 16. BIRTHPLACE (city		nkno	wn)	Accident, suicide, or homicide?	, 19
		TOTOLT		Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	and State)
17. INFORMANT _ MEN (Address) CT	MRERIAND.			opensy whether injury occurred in the object, in nome, or in you	
18. BURIAL, GREMATION,	OR REMOVALO	7	R rs	Menner of Injury	
Place June	mont de	ulDate the	1 23,193 L	Nature of Injury	
19. UNDERTAKER _ (Address)	in ste	slaud of	mel	24. Wes disease or Injury In eny way related to occupation of decea	ised? NO
20. FILED Teb.	23, 19 32. H	away H.	Wesse Registrar.	(Signed) + thulson (Address) + 126 hmm St.	M. D
TTTTOTAL	If more	blanks de needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURSAU A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

DR.H.WILSON

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED

County Village or C	itu II	Legany Lazen.	Md	Outside of		1 low mill
	,			City LIMA	death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?yr.	of street and number)
	T	or town where o	death occurred		yi	S
2. FULL NAI	ME		7.1 (0001	5011		
(a) Residen	ce: No	Hazen.	(Usual place o	of abode)	St., Ward. If nonresident give city	or town and State
PERSON	AL AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF D	DEATH
Male		OR RACE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Feb. Fin (Month) (De	rst 19,793. ay) (Yeer
a. If married, widow HUSBAND of (or) WIFE of		Pette	rson		22. Tel. HEREBY CERTIFY, The	t I attended deceased
DATE OF BIRTH	(month day	end year)	uly 20	.1882.	I last saw h alive on Feb. 1	, 1932; death Is
7. AGE Yea 49		Months 5	Deys	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at	
8. Trede, profe kind of N SAWYER, 9. Industry or work wa SAW Mil	business in s done, as SI LL, BANK, et	which ILK MILL, tcI	Retired	me (veers)	angina pectoris	793
9, Industry or work wa SAW MII 10. Date decease this occu year)	business in s done, as SI LL, BANK, et ed last work petion (mon	which ILK MILL, IcII ked at th and	11. Total ti	T	Other Contributory Causes of importance:	193
9, Industry or work was \$\frac{10}{50}\$ Date deceases this occur year)	business in s done, as SI LL, BANK, et ed last work petion (mon	which ILK MILL, icII ked at th and	11. Total ti span occu	me (yeers)	Other Contributory Canses of importance: Myocardilis chron	193 ie 193
9, Industry or work was 5AW Mill 10. Date decease this occur year)	business in s done, as SI LL, BANK, et LL, BANK, et led last work petion (mon ity or town) Heni	which ILK MILL, tc	Arnoy 11. Total ti span occu Md	me (yeers)	Mame of operation none	Dete of
9. Industry or work was \$AW Mill 10. Date deceas this occu year)	business in s done, as SI LL, BANK, et L, BANK, et et last workpetion (mon http) Henn E (city or town) F (country)	which ILK MILL, tc	11. Total ti span occu Md	me (yeers) It in this Ipation	Mame of operation. None	
9. Industry or work was SAW Mill 10. Date deceas this occu year) 12. BIRTHPLACE (ci (State or cou 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NA 16. BIRTHPLACE)	business in s done, as Sil LL, BANK, et al last work petion (mon lity or town)—ntry) E (city or town r country) MME MARCH E (city or town r country)	which LLK MILL, LI to the sed at the and the sed at the	11. Total ti span occu Md	me (yeers) It in this Ipation	Name of operation. None What test confirmed diagnosis? Examination	the following:
9. Industry or work was SAW Mill 10. Date decease this occur year)	business in s done, as SI LL, BANK, et LL, BANK, et last workpetion (mon http) Hearing E (city or town country) ME LAST Country) LE (city or town country) LE (city or town country) LE (city or town country)	which ILK MILL, III ked at the and who	II. Total to span occu Md Shields terson	me (yeers) It in this Ipation	Name of operation. What test confirmed diagnosis? Examination 23. If death was due to external causes (VIOLENCE) fill in also	the following:
9. Industry or work was 5AW Mill 10. Date deceas this occu year)	business in s done, as SI LL, BANK, et LL, BANK, et last workpetion (mon lity or town). Hen in E (city or town country) ME E (city or town country) January	which ILK MILL, III ked at the and who who who was a rest to the area to the a	II. Total to span occu	me (yeers) It in this Ipation	Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in industry, in Home, or in the suicide of the suicide	the following:
9. Industry or work was 5AW Mill 10. Date deceas this occu year)	business in s done, as SI LL, BANK, et LL, BANK, et del last workpetion (mon http or town). He city or town). E (city or town country) ME E (city or town country) TION, OR RI	which ILK MILL, III ked at the and who who who who were are the whole who were are the model of the area to the ar	II. Total to span occu Md Shields terson	me (yeers) It in this Ipation Va	Name of operation. What test confirmed diagnosis? Examination 23. If death wes due to external causes (VIOLENCE) fill in elso Accident, suicide, or homicide? Where did injury occur? (Specify city or town, co	the following:
9. Industry or work was 3AW Mill 10. Date deceas this occu year)	business in s done, as Sil LL, BANK, et al last work petion (mon intry) Henrice (city or town) are country) ME E (city or town country) January TION, OR RI	which ILK MILL, III ked at the and who who who who were are the whole who were are the model of the area to the ar	Md II. Total ti span occu Md Iterson Mo Dete Feb olford	me (yeers) It in this Ipation Va Md	Name of operation. What test confirmed diagnosis? 23. If death wes due to external causes (VIOLENCE) fill In elso Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in Menner of injury	o the following: injury, 19. ounty and State) in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

V. S. No.

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Example I	mara del Saletta	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.	3. 1		
	المستعدد ا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-OCCUPA plnode Jo CO statement PHYSICIAN RECORD. properly THIS may pluods that plain carefully in DEATH plnoy OF

BINDING

FOR

RESERVED

MARGIN

WITHIN CORPORATE LIMITS 1. PLACE OF DEATH Registration Dist No. County Village or City (If death occurred in a hospital or institution, give its NAMF, instead of street and number) Langth of residence in city or town where death occurred How long in U.S. if of foreign birth? ______wrs._____mos._ ___vrs 2. FILL NAME (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If marriad, widowed, or divorced HUSBAND of HEREBY CERTIFY. That t attended deceased from (or) WtFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Days to have occurred on the date stated above, at 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows: 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc., back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Data deceased last worked at 11. Total tima (years) this occupation (month and spant in this year) occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city er town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17 INFORMANT very (Address) 18. BURIAL, CREMATIONS OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in env way related to occupation of deceesed? 19. UNDERTAKE (Address) If so, specify (Signed) Registrar. (Address) If more blanks are melded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	A fair	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street cor	1 week ogo
Corebral hemarrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
WINDITTOMM	DI TION I ON	T. C. TO T TITLITY	DY LY TYTHY TOTAL TY	272	THE POLCHETA

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1259
1. PLACE OF DEATH	CORPORATE LIMITS Registration Dist. No. No. 44.3 April 2000 March 1 Ward
County allesany	CORPORATE LIMIT Registration Dist. No.
Village of City Annual Language	No. 40.3 Shundan MacSt. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry Clay Nobe	nette
(a) Residence: No. 403 Shundan Pla (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Crimesna Ohiele	22. I HEREBY CERTIFY. That i attended deceased from July 1932
6. DATE OF BIRTH (month, day, and year) 100 4 7 7 7. AGE Years Mond's Days If LESS than	I last saw h Live alive on FCA 8 , 193 — death is said to have occurred on the date stated above, at
000 /n 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Out of mile Installated Newtonie 10-1-31
kind of work done, as SPINNER, ZMINER, SAWYER, BOOKKEEPER, etc.	Artereo Schrosis 1923
Industry or business in which work was done, as SILK MILL, Chemister SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and spent in this	
this occupation (month and spent in this occupation occupation	Oha Carlanda Carra of importance
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Corses Robinelle	
14. BIRTHPLACE (city or town)	Name af operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Progre Indulting 16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Data of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sho H.C. Artmille (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Placa Date 12 19 19 19 19 19 19 19 19 19 19 19 19 19	Natura of injury
19. UNDERTAKER Amos Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Feb. 11, 1932. Harrey H. Weiss Registrar.	(Signed) + Ubligation M.D. (Address) 24 3 Ua . All umbles and Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAD 4 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER (Address)

20. FILED Feb. 81cf.

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	61260
1. PLACE OF DEATH				10
County (It aany			Registration Dist. No	12
Village or City / Judical		death occurred in a hospital or institution ds. How long in U.S. if o	- '-	
2. FULL NAME / O.C.	t, Aussell			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL C	ERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	LUL 6th (Day)	, 193 — (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Terment	22. Tel. HEREBY	CERTIFY hat I	l attended deceesed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months	Days If LESS then 1 day,	to have occurred on the deta state The PRINCIPAL CAUSE OF DEAT were es follows:		19.3.1; death is said
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	ied Merchand	Carcinonia	of Twir	Jan. 1.32
10. Dete desceed last worked at this occupation (month end yaer)	11. Totel time (yeers) spant in this occupetion			
12. BIRTHPLACE (city or town) Sector (Stete or country)	tand	Other Contributory Causes of impo	ortance:	
13. NAME Robert 1:	Jussell			
13. NAME Avert 13. 14. BIRTHPLACE (city or town) Scart (Stete or country)	tand	Neme of operetion Whet test confirmed diagnosis?	We:	
15. MAIDEN NAME Junie	Scott anders	23_If deeth was due to externel car	uses (VIOL ENCE) fill In elso th	ne following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	t Russell	Accident, suicide, or homicide? Where did injury occur?	(Specify city or town, cour	nty and State)
18. BURIAL, CREMATION OR REMOVAL D	to Feb. 9, 1932	Menner of injury		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

24. Was disease or injury in any wey related to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
802 V 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

1	County		7	WITHIN	CERTIFICATE OF DEATH CORPORATE LIMITS Registration Dist. No. No. Allegany Hospital St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2		170	an . (Usual pare	Wiva	ds. How long in U.S. if of foreign birth? yrs mos ds. Ware: Rule Jaley W. Va
R-NORTH	PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH
	Female	White	OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Feb. 4th 1932 (Month) (Day) (Yeer)
5a.	If married, widowed, or div HUSBAND of Ickin (or) WIFE of	ley.Rya	n.		22. I HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (month, da	y, end year)	June. 20	.1905	I last sew har alive on Ful 4 ,1933; death is said
7	AGE Years 26	Months 7	Days 15	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and state of the securation (month and state of the security (month and state of the sec					Surgeal Sheek fullriving Sufra vogund Toystrustam, ful Fibraid Irunosa
	IO. Date deceased last wo this occupetion (mc year)	onth and	TIL Total t	ime (years) nt in this upetion	Other Coatributory Causes of importance:
04		nest.Br	reeden.		-
FATHER	14. BIRTHPLACE (city or t		77	9	Name of operation) by Membrung Date of 2 - 4 - 3. What test confirmed diagnosis? Deficients Was there en autopsy? Me
MOTHER 12	15. MAIDEN NAME Arbelay Medders			Va	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18.	(Address) BURIAL, CREMATION, OR Place Shenand		Nva Date Feb	.7.1972	Manner of injury
19.	UNDERTAKER	n.C.Wolf imperlar		H. Weightar.	24. Was disease or injury in any wey related to occupation of deceased? WV If so, specify Albaham (Signed) Albaham (Address) 122 Bulfal YJ. Cusuf June)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAK 4 1904			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARG	ITH UNE	ully supplied
)	PLAINLY, W	mation should be carefully supplied
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFA	mation sh

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1262 Registration Dist. No. 4
Village or City	Registration Dist. No. No. Geath occurred in a horpital of phastitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME (a) Residence: No. 6 Grand (Usual place of abode)	3t., 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH Jet. 7, 193 2 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feet. 7, 1932	1 landsauch and plive on Stalllon 4 49 3 2, death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(24 who.)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
- I this coopparion (month one	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME John Hieliam Scarlett	Maternal -
4. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Joseph Carbon 15. MAIDEN NAME Joseph Carbon 16. BIRTHPLACE (city or town) Carbon 16. State or country)	Accident, suicide, or homicide?
Frakley	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMATI (Address) 18. BURIAL, CREMATION, OR REMARKAT Place fore Halleure fate bel 9, 1903	Manner of injury
19. UNDERTAKER Joules Heers July (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1 el - 9, 1932. Harvey H. We Registrar.	(Signed) Clause M. D. (Address) 24 5 Vinginia M. D.
If more blanks are needed address State Recistrar	2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
STORATI V. D			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

V. S. N.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01263	
1. PLACE OF DEATH	93-0	
County allegany	CORPORATE LIMITS Registration Dist. No.	
Village or City Cumberland WITHIN CO	No. St. 1	Ward
NI CHARLES THE CONTRACT OF THE	death occurred in a hospital or institution, give its NAME instead of street and number)	
m (14 1	ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME TO Janet Screen		
(a) Residence: No. // 8 / Helltop Amel (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	disconnected.
Female Whate 5. Single, MARRIED, WIDDWED, OR DIVORCED (price the word)	21. DATE OF DEATH Sehruary 2 4 , 1932 (Yee (Month) (Day)	er)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seph Series, Sr.	22. I HEREBY CERTIFY. That I attended decessed april 1934 to Feb. 23 193	from 32
6. DATE OF BIRTH (month, day, and year) July 1, 1863	I last saw her alive on Feh. 23 , 1932; death le	s said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at # a_m.	
66 7 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	opent
8. Trade, profession, or particular kind of work done, as SPINNER,	axterio Celerosia 192	15
SAWYER, BODKKEEPER, etc. Yourselvour	Chronic Mygcarditis 196	8
work was done, as SILK MILL, SAW MILL, BANK, etc.	arterial Hypertension 19:	30
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Quaryland (State or country)	Dther Cuutributory Causes of Importence:	
13. NAME Probert Robertson		
14. BIRTHPLACE (city or town). Levtland	Name of operation	
(State or country)	What test confirmed diagnosis?	
15. MAIDEN NAME Asabella Grasm	23. If death was due to external causes (XIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city er town) Sewtland	Accident, suicide, or homicide? 10 Date of Injury, 19	
∑ (State or country)	Where did Injury occur?	
17. INFORMANT John desery for (Address) Cumberland had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury None	
Place Quelle Lenselly Date The 2th, 1932	Nature of injury	
19. UNDERTAKER St Cich thurn (Address) Loraconium Ind:	24. Wes disease or Injury In any way related to occupation of deceased?	
20, FILED Jeb. 26., 1932. Harvey H. Wers	(Signed) HWOGason (Address) 213 Ia. WE Cumberland m	MD.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days aga
THE TABLE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61264	
1. PLACE OF DEATH	91)	
County allegany	ATHIN CORPORATE LINE STRATE Dist. No.	
Village or City Capabelland	No. St., Wa	ard
	death occurred in a hospital or institution, give its NAME instead of street and number)	.ds.
2. FULL NAME Warriel C. S.	hall	
(a) Residence: No. 858 Isephan Dr	. st. O Ward.	
(Usual place of abode)	If nonresident give city or town and State	- W
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORÇED (write the word)	21. DATE OF DEATH 4 . 193 2 (Year)	2/2
5a. If married, widowed, or divorced HUSBANO of	Market Market Control of the Control	
(or) WIFE of Jannie J. House	1 HEREBY CERTIFY. That i attended deceased f	2
6. DATE OF BIRTH (month, day, end yeer) Nov 9 - 1853	(1) st saw h. im elive on 7-B, 4, 1932; death is:	sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
78 2 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	sat
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	arteriosclerosis 193	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)	acidory 19	32
14. BIRTHPLACE (city or town) Mary Lake		
14. BIRTHPLACE (city or town)	Name of operation. Oate of	1
(State of Country)	What test confirmed diagnosis?	KO
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town) (State er country)	Accident, suicide, or homicide?	
17. INFORMANT Ange with acuty (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury	
Piacue ferrou Md Date Let 6,19-32	Nature of injury.	
19. UNOERTAKER Town Stapin Lag	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Cembertand Md.	(Signed) UN Hodges	u n
20. FILED Tel. 5, 19. 52, Harvey H. War. Registrar.	(Address) Cumberland, And,	n, D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

DR. C. J. OWENS

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUZEAU V. M.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61266
1. PLACE OF DEATH	
County allegung	Registration Dist. No.
Village or City kumbuland WITHIN C	ORNO. Memorial of Hospital St. 6-1 Ward death occurred in a hospital or institution, give its NATE instead of street and number)
Length of residence in city or town where death occurred year, yes	
2. FULL NAME Carl B. Thoem	aper ,
(a) Residence: No. 3/4 Cecelia St	- St. Ward cemberland had
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State' MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white In gle	(Month) (Day) 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lattended deceased from
(or) WIFE of	Jan 24, 1932, to tet 6, 1932
6. DATE OF BIRTH (month, day, and year) Feb 28 1921	1. last saw have alive on 7 to 6 , 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8-70 in.
10 11 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEEPER etc.	P
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	/ regnama Grencho /24-32
O I SAW MILL BANK atc	goldeny { agrippo /19-32
10. Date deceased last worked at tt. Total time (years) this occupation (month and spant in this	
yaar) oscupation	Other Contributary Causes of importance:
12. BtRTHPLACE (city or town) - Cumberlain	alque ylomerulo 129-32
(State or country) In any second	hephalis
13. NAME Clearenth Sharm aker 14. BIRTHPLACE (city or town) Ca	
14. BIRTHPLACE (city or town) Car	Name of operation
al al	What test confirmed diagnosis Was there an autopsy
15. MAIDEN NAME Jalena any des	23. If death was due to external causes (VIOLENCE) fill in elso the following:
t6, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Ellsworth Showmaker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Hirman had Date Let 5 , 1932	Natura of Injury
19. UNDERTAKED for Stern England and	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED. 71. el. 6, 1932. Have Hiller's Registrar.	(Signed) Cumberland md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Cerebral hemorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS Exact statement properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLAINLY,

should state

of OCCUPA-

County		Allers	nv		Registration Dist. No.	
	City				No. Twigtown Md St.	War
(If				(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of re					ds. How long in U.S. if of foreign birth?yrsmos,	d
2. FULL NA	m m		. Sites		11	
(a) Reside	nce: No	victo	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR C	OR RACE	5. SINGLE, MAP OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH B. 2, 6 (Pay) (Y)	ear)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorce	d			22. THEREBY CERTIFY. That attended deceased the state of	ed fr
6. DATE OF BIRTH	(month day ar	nd veer) NO	v. 26.1	930	I last saw h un elive on Feb. 24 1932 death	is s
	ears	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
SAWYE 9. Industry or	ession, or partic work done, as R, BODKKEEPER business in whas done, as SILL	SPINNER, R, etc hich K MILL.		ormin.	were as follows: Bronchesel freumonia	odoni Zoni
kind of SAWYE 9. Industry or work w SAW M 10. Date decea this occ year)	work done, as R, BODKKEEPEF business in wl as done, as SILk ILL, BANK, etc used last worked cupation (month	SPINNER, R, etchich K MILL. d at and	11. Total spi	ormin. time (years) ant in this	Date of importence:	you.
SAWYE 9. Industry or work w SAW M 10. Date decea this occ year)	work done, as R, BODKKEEPEF business in whas done, as SILE ILL, BANK, etc., used last worked upation (month- city or town) untry)	SPINNER, R, etc hich K MILL, d at and	[d]	time (years) ant in this	were as follows: Beonelisel freumo Dato	dione.
SAWYE	work done, as R, BODKKEEPEF business in whas done, as SILL ILL, BANK, etc. used last worked upation (month city or town)	SPINNER, R, etchich K MILL. d at and	[d]	time (years) ant in this	Date of Operetion. Date of Date of	done
SAWYE	work done, as S.R. BODKKEEPEF business in whas done, as SILL ILL, BANK, etc sed last worked upation (month untry) Arthur CE (city or town) untry) AME Lu	SPINNER, R, etchich K MILL. d at and ur Sit	Id.	time (years) ent in this upation	Date of	7 4
SAWYE	work done, as S.R.R. BODKKEEPEF business in whas done, as S.R.L. BANK, etc sed last worked supation (month- city or town) untry) Anthro CE (city or town) or country) AME Lu CE (city or town)	SPINNER, R, etc. hich K MILL. d at and le. Co	d Wya	time (years) ent in this upation	Date of What test confirmed diegnosis? What test confirmed diegnosis? Date of What test confirmed diegnosis? What test confirmed diegnosis? Date of Wastlere an autopsy 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:	7
SAWYE SAW M SAW M TO Date decease this occ year) 12. BIRTHPLACE ((State or co ### 14. BIRTHPLACE (State) 15. MAIDEN N 16. BIRTHPLACE (State) 17. INFDRMANT	work done, as S. R. BODKKEEPEF business in whas done, as S. IL ILL, BANK, etc ssed last worked upation (month untry) A TIDN, DR REM	SPINNER, R, etc hich K MILL. d at and la. Cc r 5ite	d Wya	time (years) ent in this upation	Date of	9

CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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LEGGENER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones . D. S.	May 1,1923	Gastroenteritis	1 year
Additional time to the said			

Village or City (III) Length of rasidance in city or town where death occurred yrs. mos	Registration Disk. No. No. Clean St., Ward f death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?	
Village or City (III) Length of rasidance in city or town where death occurred yrs. mos	No. Ward f death occurred in a hospital of institution, price its NAME instead of street and number)	
Village or City (III) Length of rasidance in city or town where death occurred yrs. mos	No. Ward f death occurred in a hospital of institution, price its NAME instead of street and number)	
Length of rasidance in city or town where death occurredyrsmos	ds. How long in U. S. If of foogn birth?yrsmosds.	
2 FILL MARKE Y		
2. FULL NAME LIVER TRANCES S	much	
(a) Residence: No. 4777 Culto	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If marriad, widowad, or divorcad		
HUSBAND OF Ame & F. Amithe	1952 to 16 1952	
6. DATE OF BIRTH (month, day, and year) Op 1 25 1882	I last saw han alive on Full 15 193 Lidaeth is sald	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at # m.	
49 3 VI 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chronic Cultorantin Data of onset	
9. Industry or business In which	mera emia:) my,	
work was done, as SILK MILL, SAW MILL, BANK, atc.		
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation		
12. BIRTHPLACE (city or town) WVa.	Other Contributory Causes of importance:	
(State or country)		
13. NAME Corps Juiter		
14. BIRTHPLACE (city or town)	Name of oparation Date of	
(Stata of Country)	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Solly Hickards 16. BIRTHPLACE (city or town)	23. If daath was due to extarnal causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19	
(Stata or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT W & Juntle (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place 7 18 18 18 18 18 18 18 18 18 18 18 18 18	Manner of indux	
Date 1951	Natura of Injury	
19. UNOERTAKER Caria Steria die Chief (Addrass) Currola dand Mali	24. Was disaasa or injury in any way related to occupation of deceased?	
20. FILED Jab 181932. Harvey Hillier Registrar.	(Signed) M. D. M. D.	
	(Address) - Line Sale Man J. H. A	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DE	lean			HN CORPORATE L	Registration	Diet No 4	
County Ce	7	1)	PNITT	70 H	Registration	DIST. NO.	1 w.
Village or City	urn	ym		death occurred in a horpital or i		ME instead of street an	d number)
Length of residence in	city or town where	leath occurred	yrsmos	ds How long in U.	S. If of foreign birth?	yrs	_mos
2. FULL NAME.	Str	elbo	msm	uth.			
(a) Residence: No	704	12	reun	St., / Ward.			
	/ /		ce of abode)	l MEDICAL		nt give city or town a	
	ND STATIST				L CERTIFICAT	E OF DEATH	
3. SEX 4. CO	LOR OR RACE		ARRIED, WIDOWED. CED (write the word)	21. DATE OF DEAT		.2	193
" ale	nice	- Au	ngle		(Month)	(Day)	(Year)
5a. If married, widowed, or on the HUSBAND of (or) WIFE of	Ivorced			22. I HERE	BY CERTII	FY. That I attend	ed deceased f
(01) WITE 01				to 3	19 2 to		, 19.
6. DATE OF BIRTH (month,	day, and year)	13	1932	I last saw h alive o	n	, 19	; death is s
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the dete			
	stillbo	m	1 dey,hrs.	The PRINCIPAL CAUSE OF were es follows:	DEATII end related ca	uses of importance	Date of on
8. Trade, profession, o	particuler			07.00	1		
SAWYER, BOOK	ne, as SPINNER, (EEPER, etc			Sull	von		
. Industry or busines work was done, SAW MILL, BAN	es SILK MILL,			> mo	1001	/	
0. Date deceased last	worked at	11. Tota	I time (yeers)		0 10 -00		
this occupetion (pant in this crupation				
12. BIRTHPLACE (city or to	va Cum	berl	and mo	Other Contributory Causes 0	r importence:		
(State or country)				mother	Eras ac	ent-	
13. NAME 92	a Sim	iete		Duplin	4		
13. NAME 14. BIRTHPLACE (city of	r town)			Neme of operation		Dete of	f
(State of control	0 90	2		What test confirmed diegnos	is?	Was there a	in eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city of State or counts)	Edill	- de	mar-	23. If deeth was due to extern	nel causes (VIOLENCE)	fill in also the follow	ving:
6 16. BIRTHPLACE (city of	r town)	1		Accident, suicide, or homicid	1e?	Dete of injury	, 19
State or country	y)			Where did injury occur?	(Specify city	or town, county and	State)
17. INFORMANT Pur	TI-) E	delle	Julle	Specify whether injury occur	rred in INDUSTRY, in	HOME, or to PUBLIC	PLACE.
(Address)	mber	ean	d, md				
18. BURIAL, CREMATION, O	R REMOVAL	nd. 7	if. 4 1937	Manner of injury			
Placenton	Junion J.	DeteV	1 1	Neture of injury			
19. UNDERTAKER	gra-	Smit	1 Dm	24. Was disease or injury in	eny way related to occ	upetion of deceased?.	
7.21	22	7. 4.	Histor	(Signed)	Ushun	11-7	
20. FILED LED . L	1, 19 3 4	anne	1 Miller	(Address)	1,6	70	1 -

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BURBAU V.S.	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

County Village or City Length of residence In city or comp where death occurred yrs mos 2. FULL NAME (a) Residence: No.	No. No. No. No. No. No. No. No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 / 0 . 193.2 (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	22. I HEREBY CERTIFY. That I attended deceased in 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) spant in this occupation (month and yaar) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or certify)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO SEATON AND THE SE	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Placa Date 19	Manner of injury
19. UNDERTAKER (Address) 20. FILED Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01272
1. PLACE OF DEATH	210-00
County Allerann	IN CORPORATE LIMITS Registration Dist. No.
Village or City Leasen Cond	No. All Ward death occurred in a hospital or institution, give its NAML instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Peter Stangle	IN.
(a) Residence: No.	St., Ward. Production It Va.
(Usual place of abode)	If porresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) 28 (Day) 193 2 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1931	, 19 , to , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than	to have occurred on the date stated above; atm
10 6 27 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Mabinly factured populs.
9. Industry or business in which work was done, as SILK MILL,	anto 1
	- U
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Peter Stangle	
13. NAME Stangle 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Swang Paller.	23. if death was due to externel causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of Injury Ful 28, 1932 Where did injury occur? It d Zuly DV 9
17. INFORMANT Seter Stangle (Address)	(Specity city or town, county and State) Specity whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE DELLE PIECE 3/2, 19.32	Manner of injury
19. UNDERTAKER danio String 914 (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Mch. 2, 1932, Harvey Hitters.	(Signes) D. J. Ofina. Garanel: 1773
	2411 N. Charles Street, Baltimore, Requoting U. S. No. 1.

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Chronic interstitial sephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

y item of infor-	IS should state	it of OCCUPA-	
T RECORD. Ever	Y. PHYSICIAN	Exact statemen	1
IS A PERMANEN	stated EXACTI	properly classified.	ertificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH ALLEGANY	(122-0)
County	ORATE LIMITS Registration Dist. No.
Village or City CUMBERLAND, MD. WITH MEMOR	death occurred in a not pital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME REV.ALBERT STANIFORTH	(I-WARD)
(a) Residence: No. 426 - GREEV ST. CITY (TIME TO A A WORD
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
MALE WHITE OR DIVORCED (write the word)	FEB. 23, 1932 (1932 (1931 (Year))
5a. If married, widowed, or divorced MARRIED	(Month) (Oay) (Year)
(or) WIFE of ALICE ALLEN STANIFORTH	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAY, 25, 1877	I last saw h im alive on File. 23 - , 1932; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at II; 20.mP.M.
54 8 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Lung Cucholus - I allewing
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. MINISPER) Claritary - right Indules
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Inguinal Minia.
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked at this occupation (month and year) year) 11. Totel time (years) spant in this occupation (month and years)	0
12. BIRTHPLACE (city or town) ENGLAND	Other Coutributory Causes of importance:
(State or country)	,
# 13. NAME JOHN STANIFORTH	
14. BIRTHPLACE (city or town) ENGLAND	Name of operation Literalans Date of 2-11-32
(State of Country)	Whet test confirmed diagnosis? Suspendia. Was there an autopsy? No
# 15. MAIOEN NAME REBECCA COLUMBINE	23. If death was due to external ceuses (VIDL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
State or country) MEMORIAL HOSPITAL	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) CUMBERTHAND, ND . 18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Hill Grest W Date Feb 26, 1930	Nature of injury
19. UNOERTAKER John.C. Wol ord (Address) Curberland. 14	24. Was disease or injury in any way related to occupation of deceesed? WO
20. FILEO LA 26, 19.32. Harvey H. Wers. Registrar.	(Signed) 1018 LANCE M. D. M. D. (Address) 122 Respect of Cumbulant - M. D.
If more blanks are needed address State Paristras	Audiess) J. D. J. J. J. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WECE!	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1	July 5,1927	Peritonitis	3 days ago
	EUREAU V.S.			
Other contributory ca		f-malice.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

2	Village or City Length of residence in cit FULL NAME (a) Residence: No. Reside	Betty.		yrs mos	Registration Dist. No	
			(Usual place		St., Ward. If nonresident give city or town and St.	ite
3. S	7	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,		93
5a.	If marriad, widowad, or divor HUSBAND of (or) WIFE of	read Sing	le L	Z-J/AC 70	22. Stull EREBY CERTIFY, That I attended day	(Year)
6. E	ATE OF BIRTH (month, day AGE Years	, and yaar) Months	Days 18	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	eath is s
OCCUPATION 12.	kind of work done; SAWYER, BDDKKE Industry or businass in work was done, as S SAW MILL, BANK, e Date dacasaad lest wor this occupation (mon year) BIRTHPLACE (city or town)	PER, etc	11. Total t spa oca	time (yaars) nt in this upation	Dthar Coutributory Causes of importance:	Full
FAIHER	(State or country) 13. NAME Cal 14. BIRTHPLACE (city or tor (State or country)		rawderm	an Wva	Name of operation	290
MOIHER 17.				io •	What tast confirmed diegnosis?	_, [9
18.	BURIAL, CREMATION, DR R	Soring	s Date	19-32	Manner of injury	
19	UNDERTAKER	John.C.	Wolford and. Md		24. Was disease or injury In any way related to occupation of deceased? If so, spacify ABBUULL (Signed)	0

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 14 R 4 1954	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUPTAU V.S.	T i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	46
County Allegarry	Registration Dist. No.
V	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME It was server	Wand :
(a) Residence: No. Zwaczana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.0 I HEREBY CERTIFY. That Lattended deceased from
may 1 7 1881	I list saw how alive on 24. 7th 1972; death is sold
6. DATE OF BIRTH (month, day, and year) Thurch / 1 & U 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, al 11.45 A.m.
3/ //hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows: Date of onset
8 Trade profession or particular	Carcinome of Stomach July 193
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this operation (month and spant in this	J
10. Data deceased last worked at this occupation (month and year) occupation (month and occupation	
12. BIRTHPLACE (city or town) Mary Cand (State or country)	Other Centributory Causes of importance:
13. NAME Lorge Terrent	
13. NAME Longe Jerney 14. BIRTHPLACE (city or town) England (State or country)	Name of operation Sulformer Date of Many 1930 What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Jeannette Sarriey	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Jeannette Sahrley 16. BIRTHPLACE (city or town) Scottland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Lenge Ferrent	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Date 7/9/392	Manner of Injury
19. UNDERTAKER IN Cichhorn (Address) Finacionomo, M. d.	24. Was diseasa or Injury In any way related to occupation of deceased?
20. FILED 7/9/32, 19 2. Don Tylor Registrar.	(Signed) M. M. Corrust M. C. (Address) Milland. Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 TES			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Village or City PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than The CAUSE OF DEATH * was as follows:min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in C which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 11 BIRTHPLACE (State or country) 0 ш 12 MAIDEN NAME OF MOTHER OR ients or Recent Residents) \supset 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos, ds. (State or Country) Where was disease contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Rose Hi 20 UNDERTAKER John.C. Wolford Cumba

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institution, give its NAME in stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month)(Day)____ (Year)... CERTIFY, That I attended the deceased from

and that death occurred on the date stated above,

*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

LARLIE LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

rland. Id

ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstition nephritis	1921	Run over by street car	1 week ogo
Corebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
3022.40			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor
And the second s			

1	1175
PLACE OF DEATH	STATE OF MARYLAND
County County CORPORT	CERTIFICATE OF DEATH
6 15 1 WITTGZ = 6	Registration Dist. No.
Commoday 100	1/111000
Village or City (No.)	St. 6 Ward) (If death occurred in a hospital or institu-
2FULL NAME Still born V.	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
Mille While WIDOWED. OR DIVORCED (Write the word)	1983 2 1983 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lettended the deceased from
Fille 2 937	(File 2) 182 / File 22 , 192)
(Month) (Day) (Year)	that I last saw h imalive on Feel 2 192
7 AGE 1100 IIILESS than	110
I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
8 OCCUPATION	/ dellon -
(a) Trade, profession or Juftens	
(b) General nature of industry	***************************************
business, or establishment in	(Duration) yrs, moa, ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Commberland Unit	Secondary (Durstion) yrs mos ds,
10 NAME OF	11/1/2/3/01 an eng
FATHER Chemlan Magg	(Seved) 1 3 3 1 6 M. D.
II BIRTHPLACE	192 (Address)
OF FATHER (State or country) Mary	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother and Muy Maris	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Wingleson	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of dea.h?
Churles flings	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chr Y While Illy	Mars Marun Cem. Hats 24, 1932
15 1 0 0 1/ 32 Hz. 241	20 UNDERTAKER ADDRESS
Filed Ch. 74192 J. Narvey N. Registrar	John a Walson Sundano
If more banks are needed address State Registrar	, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

6.1978

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiand consequences (e. g., sepsis, Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Autside Of ran
County allegany	Registration Dist. No.
Village or City Cum Deer la Cal	City Limits St., Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U. S. if of foreign birth?yrs,mos,ds.
2. FULL NAME de Valenti	-0 1
(a) Residence: No. Oscalford Ref	St.> Ward.
(Ustal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OB DAYORCED (write the word)	21. DATE OF DEATH Feb 2/ 193 2
Male While married	(Month) (Day) (Year)
5a. If married, widowod, or divorced HUSBAND of	22. I HEREBY CERTIFY, That inattended daceased from
(or) WIFE of wisha Valentine	Sune 18 193/ to Feb 2/ 1932
6. DATE OF BIRTH (month, day, and year) May 15. 1879	i last saw her alive on Feb 2/ 1937 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3/5/m
52 9 6 fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8 Trade profession or particular O A A A	Cereberal Securities Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month and year)	
year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	An facileur 1077
(State or country)	Elstone Repulls.
13. NAME TO COLOR OF TOWN) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Rice 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mys hosla Valenting	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURJAT CAEMATION, OR REMOVAL	
Machieran lementary Date tel 2 4, 19 52	Manner of injury
PIOL	Nature of injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
(Address) tuberland ma	If so, specify
20. FILED Fiel 123, 1932. Harvey VIV erso	(Signed) M. D.
Registrar.	(Address) (Address)
If more blanks are speeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AAR 4 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	200
1. PLACE OF DEATH	(31)	
County Allegans.	N CORPORATE LIMITS Registration Dist. No. 4	1
Village or City Amelina WITH!	NO. 730 Cartal Asset death occurred in a hospital or institution, give its NAME instead of street and nu	5 Ward
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Grany Valentin	l.	
(a) Residence: No. 430 Cembral as (Usual place of abode)	-CSt. 5 Ward. If nonresident give city or town and S	Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OK PORCED Revise the word	21. DATE OF DEATH Jehnson (Month)	193 3 (Year)
is. If married, widowed, or divorced HUSBANO of (or) WIFE of J. A., Valentine	22. I HEREBY CERTIFY, That I attended do	
S. DATE OF BIRTH (month, day, end year) Inl. 29 1864	Hast saw have alive on the 19 19 19 1932;	, 19 32
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at. 10 Pm.	000(11 13 3010
67 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	were as follows:	Oate of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	6 hu. Myo cardetus	1926
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	\	
To Data deceased last worked at this occupation (month and year)		
G-1	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	blu Interet New britis	1001
13. NAME GO AF Aller Mest.	bio access, repaire	14.77
14 BURTHOLAN (City LAND)	Name af operation Date of	
(14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au	tonou? ha
15. MAIDEN NAME Virgamia & Banco	23. If death was due to external causas (VIOLENCE) fill In also the following:	topsy: _ACB.
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	19
(Stata or country)	Whera did injury occur?	,
17. INFORMANT MO SN M. Volk.	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place world (len) Oats of 15, 1932	Nature of Injury	
19. UNDERTAKER Amis Stim Inc (Address)	24. Was disaase or injury In any way related to occupation of deceased?	Δ
20. FILE of el 221932 Harvey Hitchers	(Signed) Frues H. Loonery (Address) Lesselsund W.	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

1 21,011

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5) MITS
County allegan	CORPORATE LIMITS Registration Dist. No.
Village or City Complex Complex of WIT	HINO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John J. Weaver	
(a) Residence: No. 109 (Virginia Cu	νρ, 3 6 − σ Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the wordy	Teb 14 193 2
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF OOR WIFE of Mary E. Weaver	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 13-1854	liast saw ham alive on 7 et /9 1923; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 2:30 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	10
SAWYER, BOOKKEEPER, etc.	Caremona of Brookate (21
work was done, as SILK MILL, SAW MILL, BANK, etc.	flame
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Thest Va	
(State or country)	pone
13. NAME Weaver	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Toble Weaver and made	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Pharting W/2 Date + 26-16, 1932	Nature of injury
19. UNDERTAKER Jouis Stein Luc	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Curlentand Ind.	If so, specify
20. FILED eb - 151952 Hawey H. Wer	(Signed) (M. D. M. D. (Address) (Address) (M. D. M. D.
F	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATUTIOSCUTOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6.1282
1. PLACE OF DEATH	W C
County alles corres	Registration Dist. No.
Village or City And H	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME haves & We	ganaa.
(a) Residence: No. 144 M. Main	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mal Whit, Married Married	Feb. 22, 1932. (Month) (Yeer)
5e. If married, wildowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF	22. I HEREBY CERTIFY. That bettended decessed from
6. DATE OF BIRTH (month, day, end year) Charl 6 td 1863	Mast sew ham alive on J= ef 22 , 19 12; death is seld
7. AGE Yeers Months Days If LESS then 1 dey,	to heve occurred on the dete stated above, at // - An. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
8. Trade, profession, or particular kind of work done as SPINNER	were strollows: Osto of onsot
kind of work done, as SPINNER, Carpenter	of p
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month end	J. Ofertsum
10. Date deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Grantsorlle	Other Contributory Causes of Importance:
(State or country) Mr. d	
13. NAME John Wegnigan 14. BIRTHP(ACP (city or town))	
14, BIRTHP (ACE (city or town)	Name of operation Dete of
(Stele of Country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME (atheres	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
(Stete er country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Chiles Meganan	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Majary Com Date 1 May 25, 193.	Neture of Injury
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 72 4, 1932 DE MONNE Registrar.	(Signed) Thomas American M. D. (Address) Thomas American M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ļ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
llstones	May 1,1923	Gastroenteritis	1 year

, 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(1283
	County Allegan	Registration Dist. No.
	Village or City di Travalburg	No Mine The Ward death occurred in a hospital or institution, give site NAME instead of street and number)
	Length of residence In city or town where death occurred 40 yrsmos	
	2. FULL NAME Mrs Minie W.	ellians
	(a) Residence: No. Centre	St., Ward.
-	(Usual place of abode)	If nonresident give city or town and State
3	PERSONAL AND STATISTICAL PARTICULARS SEX	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Nemale White OR DIVORCEO (write the word)	(Month) (Day) (Year)
5 a	If married, widowed, or divorced HUSBANO of (or) WIFE of James Williams	22. HEREBY CERTIFY, That I attended deceased from
1	(a) mile of the contract of th	Jan 20 19.5710 fiel 20 105
6.	DATE OF BIRTH (month, day, and year) april 8 - 1850	I last saw h alive on Jel 17. 1957 death is said
6. 7.	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
or ce	8 Trade profession or particular	Date of onset
PAT PAT	9. Industry or business in which work was done, as SILK MILL,	, , , , , , , , , , , , , , , , , , , ,
	SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year)	
INSTRUCTIONS ON HER N OC	BIRTHPLACE (city or town) I lightly md	Other Contributory Causes of importance:
R	(State or country)	
THER	13. NAME & le maddleton	
FAT	14. BIRTHPLACE (city or town) faw aw Wood (State or country)	Name of operation Date of
ER .	15. MAIDEN NAME Mynnie - Me 11 leton	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHE	16. BIRTHPLACE (city or town) Paw Paw	Accident, suicide, or homicide? Data of Injury 19
M	(State or country) The Vac.	Where did injury occur?
18 very amportant.	(Address) Than I Williams	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
- 2	BURIAL, CREMATION, OR REMOVAL Place Clary and Cena Date Deby 22, 1932	Manner of Injury
19	UNDERTAKER J. J. Durat	24. Was disease or injury in any way related to occupation of deceased?
	(Address) A Troping Lane	If so, specify (Signed) M. O
	Registrar.	(Address) 2 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

ANENT RECORD. Every item of infor-	ACTLY. PHYSICIANS should state	ssified. Exact statement of OCCUPA-	
IS A PERM.	stated EXA	properly class	certificate.
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
BWR	mati	CAU	TIO

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	984	
1. PLACE OF DEATH	Registration Dist. No.	1	
County fleey any of	Registration Dist. No.		
Village or City (Cross O extend)	NoSt.,	Ward	
Length of residence in city or town where death occurred 15 yrs.	If dooth occurred in a hospital or institution, give its NAME instead of street and no ds. How long In U.S. if of foreign birth? 43 yrs. mos		
2. FULL NAME Day 1 d d. Tha	Son		
(a) Residence: No. 37 Demseloung	71-58. 3 (-21 Ward.		
(Usual place of abode)	If nonresident give city or town and S	itale	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193	
5a. If married, widowed, or divorced		(Year)	
HUSBAND of (of) WIFE of	22. HEREBY CERTIFY That I attended d	eceased from	
6. DATE OF BIRTH (month, day, and year) 5 = 31 _ 1858	I last saw h. alive on 19.	death is said	
6. DATE OF BIRTH (month, day, and year) 5 - 31 - /858 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	ueatii is saiu	
73 - 8 0 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
- 8. Trade, profession, or particular	were as follows:	Date of onset	
on kind of work done, as SPINNER Exective Com. SAWYER, BOOKKEEPER, etc.		alle	
Industry or business in which	M. H.	Chry	
work was done, as SILK MILL, Electric Stock SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years)		6	
this occupation (month and spant in this occupation year)			
No. II	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	wet . man and by the radio of	170	
13. NAME THERESESSED TO I SONT		3	
14. BIRTHPLACE (city or town) Cothand	Name of operation		
(State or country)	What test confirmed diagnosis?	!opsv?	
15. MAIDEN NAME Staten & atterson	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. BIRTHPLACE (city or town). Cottoury	Accident, suicide, or homicide? Date of Injury	, 19	
E (State or country)	Where did Injury occur?		
17. INFORMANT Dr's Christonia Agndry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLATE	CE.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury		
Place QuKAih h Date to by 3 , 1932	Nature of injury		
19. UNDERTAKER (Address) I Deller umberl	24. Was disease or injury in any way related to occupation of deceased?	~	
20, FILED FIEL. 2, 1932, Harvey Howeis	d (Signed)	M. D.	
Registrar.	(Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5, 1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(31)	
County allegane		Registration Dist. No.	
Village or City Length of residence In city or town where s	1 71/	No. St., death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? Syrs. 6 mos. 14	
2. FULL NAME Sarahi (a) Residence: No. Westerny	Traves Un out-not Walnest (Usual place of abode)	St., / 0 Ward. If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	H-1680A
3. SEX 4. COLOR OR RACE Temple White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (You	2 'eer)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Rennes (· Wilt	22. I HEREBY CERTIFY, Thet I attended decease	
6. DATE OF BIRTH (month, day, and year) A. 7. AGE Years Months	1 Deys 1856	I last sew h aliva on	n Is sa
7. AGE Years Months	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of importance	of onse
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Housework'	(phrone 9) ephoto	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		artuso of hleuses	
10. Deta deceased lest worked at this occupation (month and 2 mg/sear) 18.	11. Total time (yeers) spent in this occupation 601		
12. BIRTHPLACE (city or town) The (State or country)	cow	Other Contributory Canees of Importence:	
I 13. NAME Jacob - Fra	uts.	// Nemplezer	
14. BIRTHPLACE (city or town) (Steta or country)	ceana	Nama of operetion Date of Was there en eutopsy	/?
15. MAIDEN NAME Rancy	Broadwater	23. If deeth wes due to externel causes (VIOL ENCE) fill In elso tha following:	
16. BIRTHPLACE (city or town). (State or country)	wett County	Accident, suicide, or homicide?, I Where did injury occur?, I	9
17. INFORMANT Benfamin IV	will ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE PROPERTY CENTER	upote Fet. 10, 1931	Manner of injury	
19. UNDERTAKER S. Box. (Address)	e med.	24. Was diseese or injury In any way releted to occupation of deceased?	0
20. FILED File 10, 19 3 × Q	Monnifapri	(Signed) (Bleet of Ello Greeters)	M

STATE OF MADVI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1932 1915	Attack of epilepsy	1 week ago	
Combal language	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Fuly 5, 1927	Perilonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenieritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01600
1. PLACE OF DEATH	ORPORATE LIMITS 93-C Registration Dist. No.
County allegans	ORPORATE Registration Dist. No.
Village or City Combuland	No. 43 1 Character and the 6 Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, given to NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Thomas Francis	Comma
(a) Residence: No. 4/52 Permantrama	ase b- Ward
(Usus piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tebruary 2.7 (Month) (Day) (Year)
5a, If married, widowed, or divorced	
HUSBAND of Results	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sam & 1889	I last saw h in alive on February 26 1932 death is said
7. AGE Years Months Prys If LESS than	to have occurred on the date stated above, and some
42 9 19 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	antitis mysosadila 1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance: Caroline decomposition 1932
12. BIRTHPLACE (city or town)	Cardiac decomplenestron 1962
II 13. NAME John Oroma	
13. NAME Grand Gra	Name of operation Arone Date of
(State or country)	What test confirmed diagnosis? Examined Was there an autopsy? Mice
15. MAIDEN NAME PANCES Shymas.	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city er lown) S (State or country)	Accident, suicide, or homicide?
R 11 0	Where did injury occur? (Specify city or town, county and Siale)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rose Soll Com, Date V-79, 1932	Nature of Injury
19. UNDERTAKER Tonis Stein Fred	24. Was disease or injury in any way related to occupation of deceased?
20. FILED F. L. 79, 1932. Hawey XIVes. Registrar.	(Signed) Corn Hordget M. D. (Address) Cumberland Ind.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	1915	Attack of epilepsy	1 week ago	
phritis C E 1 / E D	1921	Run over by street ear	1 week ago	
	July 5, 1927	Peritonitis	3 days ago	
MAR 4 1937				
causes of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	May 1,1923	Gastroenteritis	1 y	
	of death and related causes as follows:	of death and related causes as follows: 1915 1921 July 5, 1927 causes of importance:	of death and related causes as follows: The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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